DOCUMENT RESUME

ED 193 852 EC 130 815

AUTHOR	Carlson, Nancy A., Ed.
TITLE	PATHWAYS: A Human Support System Model for Integrated Handicapped Children and Their Families. Final Report.
INSTITUTION	Michigan State Univ., East Lansing. Inst. for Family and Child Study.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
BUREAU NO	451CA90190
PUB DATE	30 Oct 79
CONTRACT	G007900980
NOTE	271p.: Parts of the document have marginal print and may not reproduce well. For related document, see EC 130 816.
EDRS PRICE	MF01/PC11 Plus Postage.
DESCRIPTORS	*Child Development: *Disabilities: Early Childhood Education: *Mainstreaming: Parent Attitudes: Parent Education: Parent Role: Peer Acceptance: *Peer Relationship: Program Effectiveness: Program Evaluation: *Student Placement
IDENTIFIERS	Final Reports

ABSTRACT

The final report discusses achievements of a 3 year project to demonstrate the feasibility and effectiveness of integrating young handicapped children into existing early childhood programs. The project is conceptualized from a socioecological model, operationalized as a technical assistance support system, and located within an interdisciplinary research institute. Five components are detailed: match/fit (the careful analyses of available placement options): support/facilitation (initiation and responsiveness to children, families, and center staff): demonstration (evaluation, visitation, staff development, and management): advocacy (dissemination and exchange with other systems): and continuation (comments on current and future status). Among conclusions listed are that handicapped children in integrated classrooms showed positive gains in rate of development over the expected rate, especially in the area of communications: that social competency was the area of greatest change in the children's behavior: that many normal children learned a new method of communication appropriate to the handicapped child: and that parents of handicapped children who interact regularly with typical children were better able to maintain a balanced perspective on expectations for their child. Among 23 appendixes are sample project forms, selected news articles about the project, and a description of the project's socioobservational technique. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED193852

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

BEST COPY AVAILABLE

FINAL REPORT

PATHWAYS: A Human Support System Model for Integrated Handicapped Children and Their Families

Nancy A. Carlson, Editor

United States Department of Health, Education, and Welfare

Bureau of Education for the Handicapped

October 30, 1979

Project No. 451CA90190

Contract No. G007900980

Institute for Family and Child Study
Michigan State University
East Lansing, Michigan

Robert P. Boger, Director
Nancy A. Carlson, Assistant Director

EC130815

This report is brought to you by the PATHWAYS staff and consultants:

Nancy A. Carlson, Project Director
Mary Andrews, Evaluation Coordinator
Sally Atkins-Burnett, Human Resources Coordinator
Kate Baird, Project Secretary
Robert Boger, Consultant
Johnnie Bompezzi, Project Secretary
Gayle Clapp, Consultant
Colleen Esch, Institute Secretary
Carol Fredrickson, Administration and Evaluation Assistant
Helene Ginsberg, Regional Outreach Coordinator
Jean Grof, Operations Coordinator
Donna Howe, Family and Personnel Coordinator
S. J. Levine, Consultant
Sue Miller, Consultant
Annette Remsburg, Community Coordinator
Amy Rieke, PATHWAYS II Training and Administrative Assistant
Linda Lou Smith, Consultant
Doris Sponseller, Consultant
Anne Stevenson, Dissemination Coordinator
Robyn Stewart, PATHWAYS II Training and Evaluation Assistant
Tanya Suarez, Consultant
Mary Voth, Operations Coordinator
Mary Wandschneider, Dissemination and Advocacy Coordinator

The work reported herein was performed pursuant to a contract with the Office of Education, U.S. Department of Health, Education and Welfare. Contractors undertaking such projects under government sponsorship are encouraged to express freely their professional judgement in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

FORM APPROVED
OMB NO. 51-R1091

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations (45 CFR 121, GSA FMC 74-7).

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report:	2. Grant Number:
October 30, 1979	G007602147
3. Period of Report: From:	**To:**
July 1, 1976	July 31, 1979

4. Grantee Name and Descriptive Name of Project:
PATHWAYS: A Human Support System Model for Integrated Handicapped Children and Their Families

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s):	Signature of Project Director(s) or Principal Investigator(s):
Nancy A. Carlson, Ph.D.	Nancy A. Carlson

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development
Demonstration/Service
Evaluation
Dissemination
Preservice/Inservice Training

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration).*

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released; reports in newspapers, maga-

zines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C. All grantees are to respond to this section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments *(i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).*

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about *(e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).*

Part III

All grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA – Demonstration/Service Activities Date

Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served, i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Ages as of December of Each Year / Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Age 19 and Over
1. Trainable Mentally Retarded	1	3	4			
2. Educable Mentally Retarded		8				
3. Specific Learning Disabilities		10	2			
4. Deaf-Blind						
5. Deaf/Hard of Hearing	3	9	1			
6. Visually Handicapped		5				
7. Seriously Emotionally Disturbed		1				
8. Speech Impaired	1	3				
9. Other Health Impaired	1	3	2			
10. Orthopedically Impaired At Risk/Developmental Delay	2 3	14 6				
11. Total	11	62	9			
12. Multihandicapped	3	11				

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.

Includes paid and contributed time for Professional Staff (excluding teachers)

Table IB

Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number	
	Full-time	Part-time (As Full-time Equivalent)
Professional Personnel (excluding teachers)	3.00	6.10
Teachers/Coordinators		1.30
Paraprofessional		4.85

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	102
Diagnostic and Evaluative	48
Found to Need Special Help	45
Other Resource Assistance	62

Although this is not a training grant, we have included the approximate numbers of individuals impacted in this area.

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	Post-MA
Multihandicapped	30		150	3	
Administration	50			9	1
Early Childhood	90		900	75	9
Trainable Mentally Retarded	9		75	9	6
Educable Mentally Retarded	15		90	3	
Specific Learning Disabilities	6		33	3	3
Deaf/Hard of Hearing	24		105	6	
Visually Handicapped	9		54	3	
Seriously Emotionally Disturbed				6	
Speech Impaired	75		60	3	3
Orthopedically and Other Health Impaired	21		183	6	
TOTAL	354		1,650	126	24

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Table IIIA
Placement of Children Participating in Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report.

			FULL-TIME	PART-TIME
INTEGRATED PLACEMENT *(i.e., in regular programs with children who are NOT handicapped)*	Nursery schools		1	4
	Day-care programs		6	4
	Head Start			
	Pre-kindergarten			1
	Kindergarten		10	4
	Primary grades	First	3	
		Second	2	
		Other		
SPECIAL EDUCATION PLACEMENT *(i.e., in classes only for handicapped children, but situated in regular private or public school)*	Pre-kindergarten		9	8
	Kindergarten		5	3
	Primary grades	First	2	
		Second	2	
		Other		
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)*			

Table IIIB

	NUMBER		PERCENT
Cumulative number of children entered into integrated placement *(if known)* prior to this report period →	40	Estimated retention rate of cumulative number in integrated placement →	85 %

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

FORM APPROVED
OMB NO. 51-R1091

Further monies or other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and filed as required by existing law and regulations *(45 CFR 121, GSA FMC 74-7)*.

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report:	2. Grant Number:
October 30, 1979	G007602147
3. Period of Report: From:	**To:**
July 1, 1978	July 31, 1979

4. Grantee Name and Descriptive Name of Project:

PATHWAYS: A Human Support Model for Integrated Handicapped Children and Their Families

Certification: I certify that to the best of my knowledge and belief this report *(consisting of this and subsequent pages and attachments)* is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s):	Signature of Project Director(s) or Principal Investigator(s):
Nancy A. Carlson, Ph.D.	Nancy A. Carlson

Part II *("Accomplishment" Reporting)*

A. All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to B of Part II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the organization of categories listed below in presenting their performance reports. The categories are based on activities common to all Early Childhood projects with the exception noted above for projects solely supported for outreach activities.

(1) Direct and Supplementary Services for Children's Services
(2) Parent/Family Participation
(3) Assessment of Child's Progress
(4) Inservice Training for Project Staff
(5) Training for Personnel from other Programs or Agencies
(6) Demonstration and Dissemination Activities
(7) Coordination with other Agencies
(8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

Research and Development	Dissemination
Demonstration/Service	Preservice/Inservice
Evaluation	Training

Programs 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities *(as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement)* discuss the objectives and subobjectives presented in the approved application *(in narrative format)* in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include descriptions of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and stimulation of services, resources provided and field testing and dissemination and training in terms of types of personnel receiving training and the number of hours involved.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 *(Research and Demonstration)*.

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss: information materials released: reports in newspapers, maga-

zines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C. All grantees are to respond to this section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments *(i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).*

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about *(e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.).*

Part III

All grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA – Demonstration/Service Activities Date

Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served: i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

Ages of December, 1978 Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Age 19 and Over
1. Trainable Mentally Retarded		1	3			
2. Educable Mentally Retarded		6				
3. Specific Learning Disabilities		7	2			
4. Deaf-Blind						
5. Deaf/Hard of Hearing		4	1			
6. Visually Handicapped		2				
7. Seriously Emotionally Disturbed						
8. Speech Impaired		1				
9. Other Health Impaired		1	2			
10. Orthopedically Impaired	1	10				
At Risk/Developmental Delay	1	4				
11. Total	2	36	8			
12. Multihandicapped	1	3				

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.

Includes paid and contributed time for Professional Staff (excluding teachers).

Table IB

Project Staff Providing Services to Recipients in Table IA

Type of Staff	Number	
	Full-time	Part-time (As Full-time Equivalent)
Professional Personnel (excluding teachers)	2.00	2.85
Teachers		
Paraprofessional		1.35

Table IC

If applicable: Services to Those Handicapped Not Included in Table IA

Service	Number of Handicapped
Screened	37
Diagnostic and Evaluative	7
Found to Need Special Help	3
Other Resource Assistance	6

Although this is not a training grant, we have included the approximate numbers of individuals impacted in this area.

Table II

Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Sought			
		AA	BA	MA	[illegible]
Multihandicapped	10		50	1	
Administration	25			3	1
Early Childhood	30		300	25	3
Trainable Mentally Retarded	3		25	3	2
Educable Mentally Retarded	5		30	1	
Specific Learning Disabilities	2		11	1	1
Deaf/Hard of Hearing	8		35	2	
Visually Handicapped	3		18	1	
Seriously Emotionally Disturbed				2	
Speech Impaired	25		20	1	1
Orthopedically and Other Health Impaired	7		61	2	
TOTAL	118		550	42	8

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

Table IIIA
Placement of Children Participating in Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period.
NOTE: Count each child only once by primary type of placement below.

TYPE OF PLACEMENT			NUMBER OF CHILDREN	
			FULL-TIME	PART-TIME
INTEGRATED PLACEMENT *(i.e., in regular programs with children who are NOT handicapped)*	Nursery schools			3
	Day-care programs		4	4
	Head Start			
	Pre-kindergarten			
	Kindergarten		7	3
	Primary grades	First	2	
		Second	2	
		Other		
SPECIAL EDUCATION PLACEMENT *(i.e., in classes only for handicapped children, but situated in regular private or public school)*	Pre-kindergarten		6	5
	Kindergarten		4	3
	Primary grades	First	1	
		Second	2	
		Other		
INSTITUTIONAL PLACEMENT	Scheduled to remain in Early Childhood Program in coming year			
	Other *(specify)*			

Table IIIB

	NUMBER		PERCENT
Cumulative number of children entered into integrated placement *(if known)* prior to this report period →	15	Estimated retention rate of cumulative number in integrated placement →	85

TABLE OF CONTENTS

ABSTRACT i

ACKNOWLEDGEMENTS iii

DEDICATION ix

Program Narrative

OVERVIEW 1

Rationale 1
A Human Support System Model 4

MATCH/FIT 8

The Special Children 9
Characteristics of Special Families 11
Referral Process 12
Case Study 14
Case Facilitator and Match/Fit Process 16
Early Childhood Centers 17
The Teachers 21
Case Study 23

SUPPORT/FACILITATION 26

Rationale 26
Purposes 26
Mechanisms/Purposes 30
Case Study 33
Documenting PATHWAYS 39
. 44

DEMONSTRATION 47

On-Site Visitation 47
Formal and Informal Evaluation 49
Project Staff Development: Idea Generation 54
Management/Administration 55

ADVOCACY 57

Dissemination Plan 58
Dissemination Techniques 61

CONTINUATION 65

Executive Summary: Conclusions/Impressions

EXECUTIVE SUMMARY 67

EXECUTIVE SUMMARY: CONCLUSIONS/IMPRESSIONS 69

TABLE OF CONTENTS (Cont.)

Accomplishments to Date

PROFILE OF CHILDREN AND SERVICES 77

FEASIBILITY. 77

EFFECTIVENESS. 93

Children. 93
Teachers. 100
Parents 103

DOCUMENTATION. 105

Training Impact of PATHWAYS Project Staff 105
Cooperation with Other Agencies 106
Community Center Involvement. 107
Regional Outreach 108
PATHWAYS Staff Development. 110

APPENDIX

California Preschool Social Competency Scale. A-1
PATHWAYS Project Referral Form. A-9
Individual Educational Plan A-13
Children's Behavior Checklist A-15
Anecdotal Summary A-19
Classroom Socio-Observation A-25
PATHWAYS Information Sheet. A-31
Parental Impressions of Early Childhood A-35
Teacher Development Checklist A-39
Evaluation: Integration of Special Children. A-45
Integration Opinionnaire. A-53
Community Center Visitation Record. A-57
Outreach Letter A-61
Survey of Terminology A-67
Background and Experience Information A-71
Toddler Observation (Expansion of Parten Scale) A-79
Table of Contents, PATHWAYS Handbook. A-81
McCarthy Scores A-83
Average Change in Development as Measured by the McCarthy A-84
Learning Accomplishment Profile: Rate of Development A-85
California Preschool Social Competency Scale:
Change in Social Development A-89
Selected News Articles About PATHWAYS A-91
Selected Letters of Support A-93

ABSTRACT

"PATHWAYS: A Human Support System Model for Integrated Handicapped Children and Their Families" has been funded for three years in part by the Bureau of Education for the Handicapped, USOE, HEW, Washington, D.C. The purpose of the project was to *increase the known and operational options for the educational care of the young handicapped child.* Specifically, PATHWAYS was able to increase awareness of a previously little used option by demonstrating the *feasibility* and *effectiveness* of one particular option: the supported integration of young handicapped children into existing early childhood programs.

The project is conceptualized from a socio-ecological model, operationalized as a technical assistance support system and located within an interdisciplinary research institute. The varying groups within the ecological model include handicapped and typical children and their families; directors, teachers, and support staff of private day care centers and nursery schools; and the cooperating adjunct systems (medical, educational, transportation, etc.) with whom young handicapped children are involved. The five discrete but interrelated elements or components are as follows:

MATCH/FIT (the careful analysis of available placement options)

SUPPORT/FACILITATION (initiation and responsiveness to children, families and center staff)

DEMONSTRATION (evaluation, visitation, staff development and management)

ADVOCACY (dissemination and exchange with other systems)

CONTINUATION (comments on current and future status)

These operational components are described in the body of the Final Report.

The technical assistance aspects of the model have been formulated into an equation: MATCH/FIT + SUPPORT/FACILITATION = SUCCESS. Thus, in three years the project successfully placed and supported 82* handicapped children in an ongoing manner, and provided additional assistance to 212 on a short term basis. These children who were considered to be handicapped could be classified according to federal definition and spanned the full range of handicapping conditions, including those usually referred to as "moderately to severely handicapped." They ranged from two months to five years according to developmental age and represented most major social, ethnic, cultural and racial groups. The ratio of "handicapped" to "typical" children in each classroom was similar to the ratio found in the population of this country. That meant, for any given classroom, at least one child identified as handicapped and no more than two. The range of classroom size was 12 to 26 total children.

---

*All numbers derived from year to year totals. Some duplication inherent with continuing children, teachers or centers.

Over a three and one-half year activity period, 128 early childhood directors and teachers in 89 classrooms and 25 centers participated with PATHWAYS. Most of the directors, teachers and support staff had not had prior experience with handicapped children, although quite a few of the day care centers and nursery schools had previously accepted children with handicapping conditions. Most of the teachers were female and Caucasian and most were young (20-30); close to half had completed a bachelor's degree program, but not necessarily in child development.

As an alternative educational environment for young handicapped children, the regular classroom offered by nursery school and day care centers was found to be viable under certain conditions. These conditions include: an existing program for children that approaches excellence, a willingness to participate in the integration process on a voluntary basis, and the possibility of additional support in the form of a teaching aide and/or an experienced and supportive resource person on a scheduled basis.

ACKNOWLEDGEMENTS

In order to implement the PATHWAYS project, gather information for this report, and write the various sections, we have received help from many sources. Our thanks to each of you. Even though it is not possible to personally thank each participant, we are indebted for your support and help in this project.

This document is based upon the experiences of the PATHWAYS Project at Michigan State University in the Institute for Family and Child Study. During the past several years the project staff has learned tremendously from the teachers and directors of the participating centers, the parents, and the children who have graciously agreed to participate in the project. We especially thank the children and parents for a most rewarding experience, and for all you've helped us learn.

Directors and teachers, we also thank you. The following centers and teachers have participated in the project for the past four years, not only enthusiastically working with children and families, but also willing to do all the paperwork a federal project entails.

Greater Lansing Area
(listed alphabetically)

Abbott Nursery School, East Lansing, Michigan (1978-1979)

Director/Teacher:	Joan Marble
Teacher:	Pam DeNeen

Eastminster Child Development Center, East Lansing, Michigan (1976-1979)

Directors:	Karen Ritts*	
	Bev Osteen*	
Program Coordinator:	Jane Bobay*	
Teachers:	Rick Allen	Steve Kopke
	Lynn Beausoleil	Bill Leavell
	Phyllis Blaha	Colleen Little
	Cindy Carlson	Steve Oakley
	Sue Dunkleberg	Debbie McMartin-Finkel
	Eleanor Hobel	Carol Petty
	Nina Hiel	Barbara Zuckerberg
	Joan Kopke	

*Active on Advisory Council

Laboratory Preschool, Michigan State University, East Lansing, Michigan (1975-1979)

Program Coordinators:	Gayle Clapp	
	Anne Stevenson*	
	Donna Howe (Acting)	
	JoAnn LaVallee (Assistant)	
Teachers:	Katy Allen	Marcia Keifenheim
	Sally Boerner	JoAnn LaVallee
	Colleen Christensen	Chris McKillip
	Bev Faas	Janet Ronk
	Jean Garratt*	Marcia Rysztak
	Sue Godfry	Liz Seelhof
	Meg Griffin	Elaine Villiard
	Nancy Hand	

Married Students Activities Unit Day Care Center, Michigan State University, East Lansing, Michigan (1975-1979)

Program Coordinators:	Suzanne Sullivan	
	Carol Austin (Acting)*	
	Marcia Rysztak (Assistant)	
Teachers:	Carol Austin	Sonja Lewis
	Kay Cummings	Jane McNeil
	Kate Cunningham	Karen Ritts
	Debbie Goldenberg	Robyn Stewart
	Michelle Kimmel-Fors	Jan Williams
	Sally Lecesma	

Spartan Nursery School, Michigan State University, East Lansing, Michigan (1975-1979)

Program Coordinator:	Donna Howe	
Teachers:	Mariella Aikman	Jackie Gardiner
	Cheryl Coates	Cheryl Hall
	Linda Dutton	Bob Page
	Joanne Evers*	Jan Pielemeier
	Carol Fredrickson	Sue Seidman

Sunshine House, Lansing, Michigan (1978-1979)

Director/Teacher:	Debbie Hubbel
Teacher:	Stephanie Hudson

Community Nursery School, Lansing, Michigan (1978-1979)

Director:	Ruth Richardson
Assistant Director/ Teacher:	LaVelle Gipson
	Toba Kaplowitz
Teachers:	Karen Kleine
	Viola Spooner

*Active on Advisory Council

Greater Kalamazoo Area

Canterbury Children's Center, Kalamazoo, Michigan (1978-1979)

Director:	Sally Householder
Teachers:	Sue Grossman
	Irma Johnson
	Linda Johnson

CEYW - Eleanor Miller Day Care, Kalamazoo, Michigan (1978-1979)

Director:	Dorothy Larsen
Teacher:	Lois Carlson

Comstock Kids Korner, Comstock, Michigan (1978-1979)

Director:	Emma VonZehle
Teacher:	Kathy Rosner

Judson Day Care, Kalamazoo, Michigan (1978-1979)

Director:	Angie Washowski
Teachers:	Judy Dombrowski
	Tina Frye
	Jan Kosino-Littke

Sara Swickard Preschool, Kalamazoo, Michigan (1978-1979)

Director:	Chris Limbocher	
Teachers:	Sue Chartier	Anne Farmer
	Nancy Crowell	Joyce Nichols

Schoolcraft Community Nursery, Schoolcraft, Michigan (1978-1979)

Teacher:	Barb Pschigoda

Westwood Parent Cooperative Nursery School, Kalamazoo, Michigan (1978-1979)

Teacher:	Marie Fredericks

Behind-the-scenes, but very important, help was offered to us by the contributing members of the PATHWAYS Advisory Council. Not all contributing members are listed below; they may be listed elsewhere in this section:

Carolyn Au, Parent
Bob Boger, Director, Institute for Family and Child Study
Gary Davis, Special Education Coordinator
Eileen Earhart, Chairman, Family and Child Sciences
Joanne and Bill Evers, Parents
Jean and Wylie Garratt, Parents
Melinda Johnson, Parent

Cindy Lafkas, Parent and Staff
Debbie Lempicki, Special Education Teacher
Jan Loria, Parent
Lois Lund, Dean, Human Ecology
Pam McCourt, Parent
Judy Miller, Office for Young Children
Bea Paolucci, Family Ecology
Sherry Raynor, Visually Impaired Outreach
Jane Scandary, State Department of Education
Linda Lou Smith, Project Consultant, Audiology and Speech Sciences
Mark Sullivan, Office for Young Children
Marlene Young, Teacher

During our last year, we were given a great deal of support from the Kalamazoo Valley Intermediate School District personnel. Our thanks to Annlee Decent and her staff for their very generous assistance.

To Lyle Stephens and his staff at Special Transportation--many, many thanks. Each year, transportation was provided to many of our special children by warm and caring drivers. Truly the transportation and help we received were "special."

Thanks also to: Cindy Lafkas--for ably assisting in the beginning stages, for helping us with the final stages and for a great deal of support in between; and Dave Hoekstra and Cheryl Hall--for providing transportation for a few of our children.

Bill Swan, our BEH Project Officer, has been the best type of individual with whom we could have interacted. He tolerated, and at times, respected, our nonadherence to normative functioning and was extremely helpful in critical, stressful times. Thanks so much, Bill.

Thanks also go to the TADS staff (Technical Assistance Development System, Chapel Hill, North Carolina), for their marvelous and enthusiastic assistance to us for three years. Pat Trohanis, Tal Black, and our outside consultants helped make success possible, but our very warmest thanks go to Tanya Suarez and Sonya (Johnston) Prestridge, without whom we would not have been able to finish as successfully. Nick Anastasiow (now in Denver) gave us moral and theoretical support in the very critical beginning stages; being able to remember his guidance helped a great deal.

The PATHWAYS Project staff used the experiences and feedback from those center staff, parents, children and others listed to write this report. As with our past project endeavors, this report has been a cooperative effort. We wish to particularly thank several people who took time from their other PATHWAYS responsibilities to help compile and write this report: Mary Andrews, Sally Atkins-Burnett, Carol Fredrickson, Helene Ginsberg, Donna Howe, Amy Rieke, Robyn Stewart and Mary Wandschneider. They have done an excellent job and we're very proud to share their contributions with the readers of this report. We also wish to thank the other project staff who helped with the report: Jean Grof, Anne Stevenson and Annette Remsberg. Our special thanks goes to Colleen

Esch for her typing, editing, proofing, collating and anything else that was needed. Her patience and good cheer were invaluable.

Bob Boger, the Director of the Institute for Family and Child Study, has been not only supportive of the PATHWAYS Project, but at times has been our "Knight in Shining Armor." Dean Lois Lund has offered incredible support and her vision, wisdom and dissemination of our ideas are very much appreciated.

PATHWAYS was a dream four years ago--a dream of society not only accepting persons considered to be "handicapped," but also valuing their contribution for what it teaches us about ourselves. We are proud to have been a part of that special dream.

In peace,

Nancy A. Carlson

Nancy A. Carlson
Editor
Michigan State University
October, 1979

DEDICATION

You cannot choose your battlefields,
The gods do that for you.
But you can plant your standard
Where a standard never flew.

Nathanial Crane

Although many, many people have contributed to the PATHWAYS Project and, by implication, to this final report, there is one group of individuals whose efforts are, and have been, outstanding. These superb and dedicated people are called the "PATHWAYS Project Staff." Their efforts on behalf of young, handicapped children and their families may never be matched. Their sensitivity, enthusiasm and courageousness have gone beyond what could be called "reasonable effort." If PATHWAYS has been a genuine "human support system," it is only because of the remarkable qualities of the people whose names follow. This Final Report is a tribute to these wonderful individuals, and it is to them that this document is dedicated:

Mary Andrews, Evaluation Coordinator, 1976-1979
Sally Atkins-Burnett, Human Resources Coordinator, 1978-1979
Kate Baird, Secretary, 1978-1979
Johnnie Bompezzi, Secretary, 1976-1978
Colleen Esch, Institute Secretary, 1976-1979
Carol Fredrickson, Administration and Evaluation Assistant, 1978-1979
Helene Ginsberg, Human Resources Coordinator, 1976-1978
Regional Outreach Coordinator, 1978-1979
Jean Grof, Operations Coordinator, 1978-1979
Donna Howe, Family/Personnel Coordinator, 1976-1979
Annette Remsberg, Community Coordinator, 1977-1979
Linda Lou Smith, Project Consultant, 1976-1979
Anne Stevenson, Dissemination Coordinator, 1977-1978
Mary Voth, Operations Coordinator, 1976-1978
Mary Wandschneider, Advocacy and Dissemination Coordinator, 1978-1979

I, personally, am tremendously proud of these people and their accomplishments. It has been a real pleasure to have worked closely with them.

Gratefully,

Nancy A. Carlson

Nancy A. Carlson
PATHWAYS Project Director, 1976-1979

PROGRAM NARRATIVE

PATHWAYS PROJECT
A Human Support System Model for Integrated Handicapped Children and Their Families

Institute for Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, Michigan

Final Report
Period Covered: July, 1976-July, 1979

OVERVIEW

Rationale

The PATHWAYS Project was originally conceptualized as an alternative educational option for families of young handicapped children. Today, several years after the original ideas were proposed, PATHWAYS represents a considerably advanced, more highly sophisticated technical assistance system. Nevertheless, the original ideas still hold: for a young handicapped child, placement in existing nursery schools and day care centers is a viable, positive educational alternative.

As the evolutionary process has unfolded, certain values, assumptions, conditions and givens have become more clear. To begin with, we assume that all children are special; and that each is unique and different. It is by understanding and appreciating these differences that we understand and appreciate more about ourselves. We have much to gain from learning about each other. We are only beginning to understand how much.

We have made several assumptions over the course of our PATHWAYS model development and operationalization. In many ways, these assumptions have been similar to hypotheses, in that we are constantly examining what we believe is true. Although there may be more, as yet unarticulated, these are the current PATHWAYS operational assumptions:

- That given support and appropriate guidance, a young handicapped child can adaptively function in a regular classroom environment.
- That individuals are willing to participate in a negotiation process to find the best match/fit between the needs and abilities of a handicapped child and the opportunities and constraints a regular classroom offers.
- That early childhood educators are dedicated to providing the best care possible for all young children (including handicapped children) and they see a young handicapped child as eligible for their care.
- That individuals (especially parents of exceptional children) appreciate options; that to choose from alternatives is important.
- That open and trusting communication is difficult but not impossible; and that to be a part of such a process is growth producing.
- That systems surrounding the family of the handicapped child are not closed; that individuals within the system may play a key role in facilitating openness.
- That development takes place for each individual in a unique way; that at some point we can all develop.

- - That the younger the child, the more chance there is for change in supported directions. Thus, young regularly enrolled children are more able to accept other children who are different from themselves, and the young "handicapped" child is more likely to adapt positively in a supported environment.

These assumptions, of course, are founded upon particular values. The value base which underlies the PATHWAYS model as operationalized is described below:

- - Completely and totally respecting individual differences, with an additional commitment to "seeing differences" in children which do not have to be viewed as "disabilities."
- - Continuing the commitment to a developmental perspective for both children and adults.
- - Caring for others, sufficient so that facilitation of most appropriate alternatives is uppermost.
- - Considering genuineness, warmth and acceptance to be an integral part of positive interactions between and among adults and children.
- - Viewing the teaching/learning environment as potentially unlimited.
- - Respecting organizational skills as a means to reach a particular outcome in an efficient manner.
- - Recognizing creative process as contributing to continuing development.
- - Respecting the family as a major part of a child's ecosystem.
- - Viewing communication as a mutually beneficial exchange process in facilitating learning.
- - Seeing individuals as participants in the process of societal change.
- - Perceiving individuals as "being" and "becoming."

The above assumptions and values argue a positivistic model. They are bound, however, by the ongoing constraints of reality--in effect, the parameters we place upon ourselves. We acknowledge and understand certain conditions; we operate under particular conditions ourselves. A few of these givens and conditions are as follows:

- - That in any given regular classroom, perhaps only one or at most two handicapped children should be present to: represent reality in the natural environment, provide a manageable experience for teachers and parents and balance societal needs and expectations.
- - That at certain critical times more support must be given to a particular child, family, teacher, classroom or center than at other times.
- - That there exist handicapped children for whom the integrated environment is not appropriate and is not beneficial.
- - That some early childhood centers and teachers are not yet ready to meet the additional challenge of integrating handicapped children.

- - That some individuals and systems do not yet see that handicapped individuals can participate successfully in regular educational and social environments.

The information presented thus far provides the cornerstone for our VIEWPOINT. As you read, you will find additional information regarding our VIEWPOINT (or philosophy) interwoven throughout. You will find PROCESS information (or the "How to do it") as well.

Historical Perspective

During the 1974-75 academic year, a lengthy process was activated to determine the future directions of the Early Childhood Laboratories at Michigan State University. For many years, these child laboratories have served their multiple purpose: education, research and service. The College of Human Ecology, in which the Labs are administratively placed, operates from an ecosystem perspective. Thus, it came as no surprise that one of the future directions chosen for the labs was "Diversity" -- specifically and initially the inclusion in the population served of a representative number of "handicapped" children.

Even before the directions were completely agreed upon, several families with handicapped children had requested (a few rather forcefully) that their children attend one of the exemplary programs on campus. They were, in effect, beginning an advocacy effort that has never ceased.

Each of the centers -- day care, nursery school, cooperative nursery school -- adapted policy, created support mechanisms, and in general, began to adapt the environment to facilitate the entry of handicapped children. They were beginning the process of readiness.

The first child enrolled in a classroom had been given the label of "deaf-blind" - surely not the type of child one would expect to be chosen for a pilot program. Nevertheless, this child who could not hear and who could not see, became a functioning member of the classroom, given support by a very capable teacher. He was in our program for a year and a half until he "graduated" to an integrated kindergarten. Of course, by that time, many, many more children had begun to participate in PATHWAYS.

In all, close to one hundred young handicapped children have participated in integrated classrooms on campus, in the greater Lansing community, and in Kalamazoo. The children are representative of every "category" of handicapping condition and have functioned developmentally from three months to five years. Most of those children who have left our program are participating, at least partially, in an integrated public school environment. But then, that is one of our purposes.

Purposes

The purposes of this program are multifaceted. Our intended outcomes are in reference to: handicapped children and their families, regularly enrolled children and their parents, classroom teachers and support staff,

cooperating agencies and individuals, students and faculty at Michigan State University, early childhood centers in communities, members of the community and legislative decision makers. These groups and individuals are the major participants in the PATHWAYS Project. We work toward different, yet complimentary goals with each of the participants.

The overall purpose of the PATHWAYS Project is to *increase the known and operational options for the educational care of the young handicapped child.* Specifically, our role is to demonstrate the *feasibility* and *effectiveness* of a particular option: the integration of young handicappcd children into existing early childhood programs.

In the description of the components of the PATHWAYS model which follow in other sections, specific intended outcomes relative to each of the participating groups are detailed. Although our goals for children, for instance, are different than our goals for their parents or their teachers, there are basic, generalized purposes which underlie our total model. These underlying purposes have grown alongside our assumptions, values, and "givens." The following outlines the core purpose or intended outcomes of the PATHWAYS Project. We hope to continue to:

- - Increase acceptance of individual differences
- - Increase awareness of the needs of young handicapped children
- - Maximize the potential for development of the young handicapped child
- - Mobilize the existing skills of early childhood educators to serve children with a wide range of developmental differences
- - Validate integrated early childhood education as a vital contribution to the development of the young handicapped child
- - Individualize support services and programs to meet needs of participants
- - Support family potential in caring for and making decisions about their young handicapped child
- - Increase interagency communication and cooperation
- - Change existing state special education policy to allow for placement, support and reimbursement of young handicapped children in regular early childhood programs

A Human Support System Model

The PATHWAYS Project is a technical assistance model to support the integration of young handicapped children into regular early childhood programs. That is, we provide supportive services (i.e., consultation, training, information, liaison) to existing systems. In addition to being a technical assistance model, we have also been a federally funded demonstration project. Therefore, we engage in related activities which go beyond the placement and support of individual handicapped children. We are involved in documentation, evaluation and communication of PATHWAYS activities and processes. Information which we generate is shared with different groups including: Bureau of Education for the Handicapped, PATHWAYS Project participants (teachers, parents, etc.), other First Chance projects, legislators and educational decision makers

(State Board of Education members, State Department of Education personnel, etc.)

The following diagram (see Figure 1) offers a total picture of the many different aspects of the PATHWAYS Human Support System. This model represents the "How-To" or the actualization of our values, assumptions, operational conditions and purposes. This is a three dimensional model. Essentially, the PATHWAYS model consists of five discrete but interrelated *elements* or components. The five elements (Match/Fit, Support/Facilitation, Demonstration, Advocacy and Continuation) are listed along the left side of the model. Reading horizontally, each of these major elements have specific *processes* which result in appropriate *outcomes*. The processes and outcomes appear as the middle and right hand columns respectively. These elements are described in depth within the body of this report.

The elements are arranged in a developmental sequence, beginning with Match/Fit at the top. Moving downward along the vertical dimension we find that the actualization of one element "paves the way" for the next one. Therefore, the bottom-most element, Continuation, is the sum, or culmination, of the preceeding elements. Continuation Processes and Outcomes are the results of activity at each of the preceeding element levels.

The third dimension, that of depth, illustrates the different levels of magnitude at which each element/process/outcome can occur. For instance, the series of activities may be activated for one individual child--from Match/Fit, resulting in appropriate placement, through Continuation, which would result in the ongoing support of the child in integrated settings. However, we also interact with whole systems and multiple systems, as connoted by the depth dimension of this diagram. An example of a system would be an early childhood center including teachers, administrative staff, parents, non-handicapped children and cooperating agencies. A multiple systems description might include school districts or associations of early childhood centers.

The Technical Assistance Model

Embedded within the larger support system model is the heart of the PATHWAYS Project--the two-part technical assistance model. The technical assistance model can be represented by the following equation:

MATCH/FIT	+	SUPPORT/FACILITATION	→	SUCCESS
(Child/Family) (Center/Classroom)		staff development consultation coordination with other agencies etc.		positive child growth parent/teacher satisfaction

By providing a carefully, individually negotiated placement of the individual handicapped child in a classroom that is responsive to the child's unique needs and by providing ongoing support services to families, classrooms and teachers, success is the outcome. The important variable is in the intensity, duration and kind of support services utilized to maintain an integrated placement. The ongoing monitoring of the child's experience and the coordination

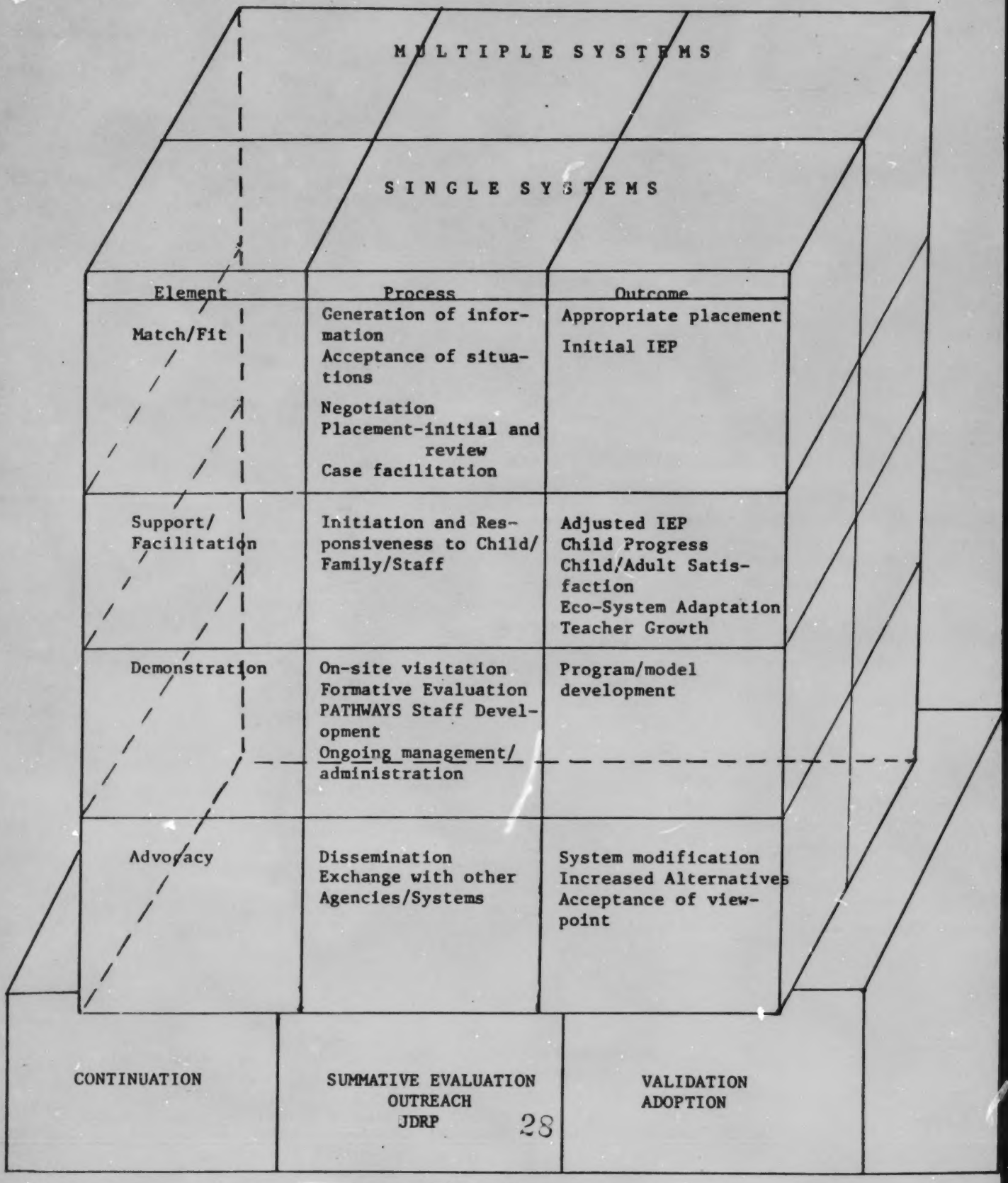


Figure 1
PATHWAYS Human Support System

with other services insures positive outcomes. It is the initial placement decision, however, which predicts the amount of support which will be required, making the Match/Fit stage critical to the entire model.

The elements of Demonstration and Advocacy have evolved also from both the operational elements of Match/Fit and Support/Facilitation and from the assumptions, values and constraints under which we function. These elements and the processes and outcomes emanating from them are also critical to this support system model.

The development of this model has taken place over the last four years. We began with what we thought were appropriate ways of meeting the needs of young handicapped children in integrated settings. Through ongoing experience with different children, families, classrooms, teachers and agencies we have developed this systematic approach. The articulation of this model is an exercise in self awareness--for "doing" PATHWAYS is very different from "telling others" about it. It is our hope that in describing what have become effective practices within our working reality, the PATHWAYS Human Support System Model may be of use to you in your particular community, school district, early childhood center or classroom.

MATCH/FIT

....Young handicapped children at play.... passionately involved...creating...moving. ...communicating... They are learning in a warmly supported group with "typical" children, guided by sensitive, creative and patient adults. They are encouraged to play, sing, dance, imagine and respond. And they do....

The supported, integrated environment is becoming one of several alternatives for the education and stimulation of exceptional children. It is an alternative receiving much current attention as an educational intervention providing effective peer models and developmental stimulation. Social intervention promoting acceptance and appreciation of differences without stigma is a relevant and valued aspect of integration experiences.

In order for these interventions to be successful, placement of a young handicapped child in an early childhood center must be carefully negotiated. Support should be available to all involved. The PATHWAYS Project enables young handicapped children to experience successful integrated environments through participation in existing early childhood programs at Michigan State University and in the Greater Lansing/East Lansing community. Each placement is individually considered and negotiated and support is continually offered. This section will explain several aspects of what is involved in placing a child in an integrated setting.

The placement process in this project has been created to find the most appropriate classroom environment for a young handicapped child. An "adaptive fit" or match between the child, the family, the teaching staff, other children and families is the goal. The multiple systems surrounding the child (including special education, social services, mental health, etc.) are considered to ensure that the probability of meeting the needs of all concerned is maximized.

Every effort should be made to guarantee that the child feels as if he or she is a part of his/her classroom; positive self-concept is known to be an important construct in the development of a child. The expectations that will be placed upon a child in order for that child to fully participate in classroom activities need to be within the reach of the child. By the same token, it is important that the teachers feel able to meet the special child's needs because they are *similar* to those of other children under the teacher's responsibility.

The families' needs are also considered in this placement process. The variety of early childhood programs available helps to make finding the best

program easier. Some families need full day care. Some would like maximal opportunities to become involved in the program. Some would like their child close to home. . . .

The characteristics of each of the systems impacting on the negotiation of the match/fit process will be described below.

The Special Children

The children who are involved in the PATHWAYS Project experience a wide variety of handicaps--from deafness and other sensory and perceptual deficits to emotional difficulties, "mental retardation," and cerebral palsy. . . . They come in varying colors, from every socio-economic group and have been as young as eight months and as chronologically "old" as seven years. Using the Michigan State Department of Education definitions, many of them would be considered "moderately to severely handicapped."

When approached about a particular child (referral process described later), we examine the characteristics and needs of the child very carefully to determine whether we have available or know of a placement able to meet these needs. Some children have great needs for specialized therapies not readily accessible; the demands placed on other young children sometimes do not allow enough energy remaining to be able to additionally participate in an integrated setting. Some, although chronologically older, function developmentally at a very young age (below 12 months) and thus would be unable to benefit from the activities and structures of available classrooms.

Once it has been initially and carefully determined that a child could most likely benefit from an integrated placement, an attempt is made to ascertain which center, which classroom and/or teacher(s) can best meet those needs, and what, if any, additional services or support might be necessary.

In making these decisions, the following characteristics of the child are considered:

- - Developmental level - At what developmental age does the child function? Are the majority of his/her skills at the one, two, three, four or five year old level?

- - Severity of handicap, safety needs, needs for attention - Will the child need an extra person in the classroom to assist in moving him/her from one activity to the next? Is it necessary to arrange additional services, such as individual speech therapy, physical or occupational therapy?

- - Physical and verbal imitative skills - If a child has strong imitative skills, it is likely that an integrated setting, where appropriate and functional behavior is modeled continuously, would be at least as appropriate as a segregated setting where peer models may not be as skilled.

- - Absence or presence of severe aggressive or acting out behaviors - A child who manifests multiple and moderate to severe aggressive tendencies would be most appropriately placed in a setting where most of the children have learned to channel their anger. In this type of setting, children who are angry and frustrated (a natural developmental emotion) will learn non-physical means of modifying/controlling aggression.

- - Needs for limits/structure - Some children have a difficult time coping with changes in their environment. For these children, the school setting might be the only predictable environment they have - the only one where limits are consistently enforced, where lunch is served at about the same time each day, where activities follow in the same daily sequence....

- - Former experience with peers - The quality and types of experiences a child has previously had with children of his/her age or developmental level will offer clues regarding potential for successful integration into similar settings.

- - Anticipated need for adaptations - A classroom which would require a minimum number of adaptations is sought. However, some adaptations beyond normal individualization of instruction may be necessary.

- - Anticipated need for additional support staff - Some children may experience a time in their day when they need individual attention beyond the requirements of the rest of the children. For example, a child's health may not permit outside activities during the winter. An additional staff person (perhaps a high school student) may stay with the child during that half hour to provide gross motor activities indoors.

- - Ability to separate from family - If a child does not separate easily from his/her family, additional support to that child (and family) may be necessary during the initial transition period. The child's transition may be assisted by a schedule of gradually increased time in the classroom supported by a significant adult in the child's life.

It will be noted that many of the aspects considered before placement of a handicapped child in a regular classroom are similar to considerations given to regularly enrolling children. However, because the differences may appear to be more pronounced and may seem of more concern, they must be given special attention from the beginning.

Because we speak from an ecosystems perspective, we are interested in many systems. Of special concern, however, is the primary system - the family.

Characteristics of Special Families

The following characteristics of families with handicapped children are considered:

- - Family structure - Who are the members? What are the relationships? The family is the source of a child's first information about interpersonal relationships as well as his/her first experience with people. Knowing the family helps to know the child. Some of our participating classrooms have a high population of single parent families. This setting might be comfortable for the single parent of a young handicapped child.

- - Family stresses - Children are very sensitive to the feelings of their parents and family. When the family is stressed, so is the child. This is as true of the "handicapped" child as it is of the normal child. We see peak periods of stress in student families during final exam periods at the university.

- - Interest in involvement - The extent and type of involvement that the family would like in their child's program will influence to a certain extent the type of program considered. Are the parents interested in a cooperative experience, allowing them the opportunity to be a "teacher" in the classroom? Do they need day care but want a placement that has an active parent or child study group with evening meetings?

- - Goals of parents for child (socialization, education, etc.) - The expectations that the parents have for the placement will help determine the initial placement and program. Some parents feel that their child is receiving adequate socialization at home and would like the preschool staff to concentrate on the more cognitive aspects of their child's development. Some feel that the child's education is better handled in one-to-one teaching and would like the teaching staff in the integrated setting to concentrate more on enhancing social development while reinforcing the learning that is occurring in the individual setting.

- - Need for relief from responsibilities of the handicapped child - The families' need for relief may expedite the placement process. In some cases placement in a day care setting is necessary in order for the family to continue functioning.

- - Availability of family support networks/availability of other support structures and services - If a family does not have adequate support within the primary system, other support services are sought. Some families have already located support structures. Others need assistance in doing so (i.e. referral to Family Life Clinic, Department of Social Services, etc.)

- - Need for tuition/financial concerns - Maslow's hierarchy of needs[1] suggests that the primary survival needs for food and shelter must be met before other needs can be dealt with. If a family is experiencing financial difficulties, tuition for the child may be provided and additional assistance will be sought.

- - Transportation needs - All too often, lack of transportation has been the stumbling block in allowing a child and his/her family to participate in a program. In cooperation with school districts, Department of Social Services and regularly enrolled families, we attempt to solve transportation problems.

Referral Process

It should be noted that, in general, the more information available concerning child and family needs, the more likely it is that an appropriate match/fit will be made. Thus, the referral source is relied on to share as much relevant information as possible. Figure 2 illustrates the varied sources of referrals with whom lines of communication are maintained.

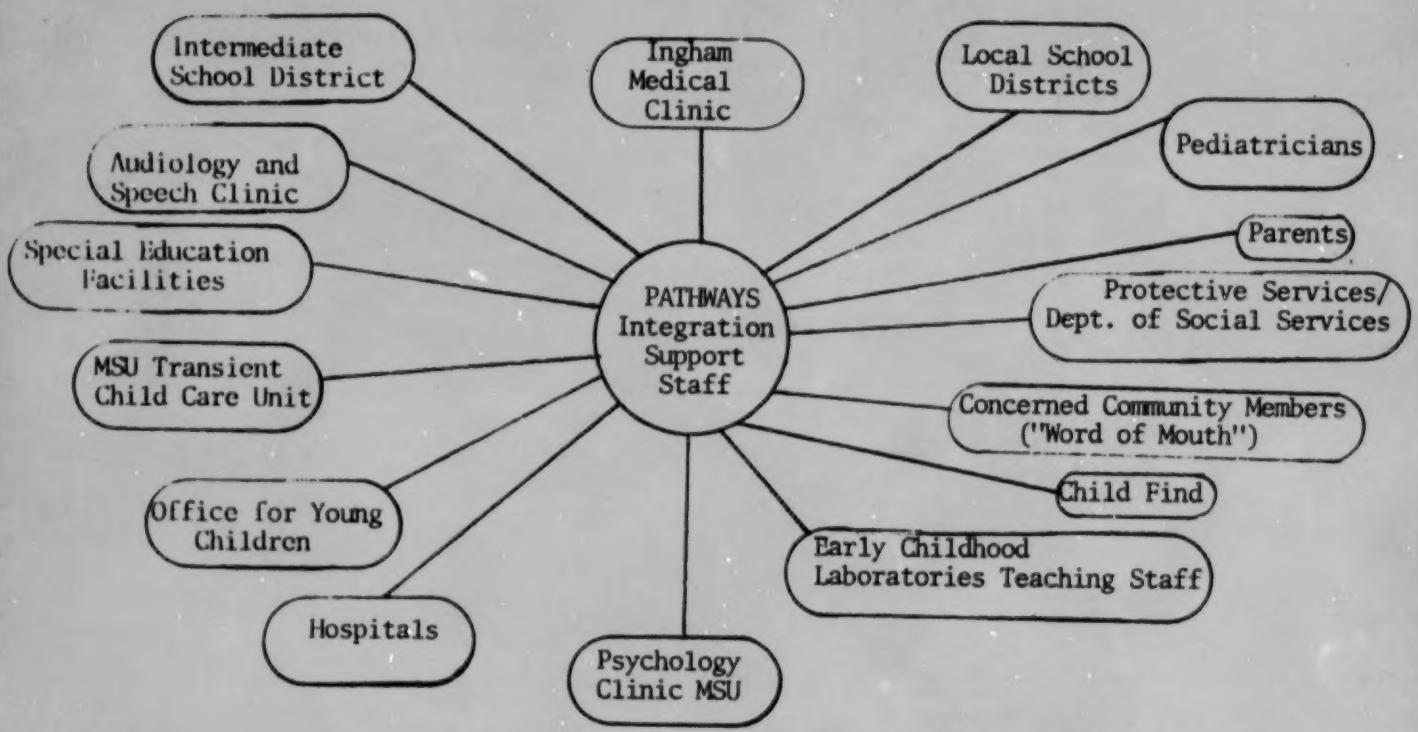


Figure 2

Sources of Referral

[1] Maslow, Abraham H. Toward a Psychology of Being, New York: Van Nostrand, 1968.

When a referral is made, Project staff fill out an information sheet. They then contact the family, prospective center director(s) and teacher(s), and (when appropriate) other involved agencies. Placement options are discussed in the weekly PATHWAYS Staff conferences.

A home visit is made by PATHWAYS Staff, and the child is observed participating in other programs when appropriate. During the home visit, a child information sheet, which includes information about parent goals for the child is completed with the parents. A Child Behavior Checklist, containing developmental milestones and regularly voiced parental concerns about children's behavior, is also completed. We ask parents to complete the checklist, noting which items are of concern (to the parents) as well as which behaviors are or are not present. In effect, a thorough attempt is made to capture a clear picture of child and family assets and needs before placement in an integrated setting is considered.

It is during this home visit that an explanation of the PATHWAYS process is given. The amount of explanation varies with families, but the underlying concepts are supportive. Usually, parents begin to be aware of the options available relative to placement and support.

When all the information has been collected and considered, a tentative integrated placement suggestion is made by PATHWAYS Staff. Participation in decision making as well as final approval of the decision by the family, other involved agencies, the receiving center and classroom staff is necessary. The regular classroom teacher is given the opportunity to observe the child at home, in the current program if appropriate, and in an initial visit to the regular classroom. The parents and child visit the classroom and parents assess the appropriateness of the placement from their standpoint. If other agencies are involved, they might also visit the potential integration classroom.

When everyone has agreed to the initial placement suggestion, the child begins the program on a provisional basis. An initial Individualized Education Program is written, based on the information obtained from the referral agencies, from observations and from the Child Behavior Checklist completed by the family.

Initial Transition Period

The initial transition of a child with special needs into a regular classroom is critical. It is an important time for the child, who must adapt in new and perhaps unique ways. Each child has his/her own individual transition period--it is not a set time period. It is a time of careful attention to the needs of the child by both PATHWAYS staff and regular classroom staff.

Various aspects of the child's initial transition period are carefully documented. This provides information about: a particular child's adaptive behavior, baseline assessment data and information for parents about "how their child is doing," and the needs of children during transition. Teachers and PATHWAYS case facilitators record anecdotally what occurs during the initial transition period. They organize these observations in the following categories:

- - How child separates from parents
- - How child enters classroom
- - Child's approach to/response to other children
- - Child's approach to/response to adults
- - Child behavior during snack time
- - Child's response to music
- - How child moves in classroom
- - How child responds to humor and nonsense
- - How and when child initiates interaction with people and materials
- - How child responds to additional classroom disruptions or changes
- - How child responds to instructions

Videotape recordings are made in selected classrooms to acquire more information on the subtle period of transition and adaptation. If it appears that a child is not adjusting to a classroom, the initial placement is reassessed and a more appropriate placement is discussed.

If a child's initial placement is successful, a more complete evaluation of the child's development is administered. A home visit is planned in which cooperating agencies are invited to participate. A second, more definitive IEP is created.

In some cases, involvement with the referral source continues in conjunction with the integrated placement. Often those referring have specific goals in mind for the child's new placement, which are incorporated into program planning. Coordination of other services is accomplished in varying ways; sometimes project staff will assume the primary coordinating role; at other times another agency has already assumed that role and PATHWAYS personnel will participate in the process in an adjunctive manner.

The following case study will help to explain what is meant initially by the match/fit process during the referral/placement stage.

Case Study

It was with anticipation as well as anxiety that Janie's mother referred her to PATHWAYS for possible placement in an integrated nursery school program. At age five, with a history of autistic-like behavior and a current diagnosis of "trainable mentally retarded," Janie's future in regard to mainstreaming in public schools seemed bleak. She had been enrolled in a very small developmental class of handicapped preschool children for two years and made substantial progress. However, it was her mother's hope that Janie participate in a normal classroom. Thus, she took the risk and gave PATHWAYS a call early in July. There were no placements at that time, but the information was shared with PATHWAYS staff and was recorded on a referral form to be utilized later.

Early in August two PATHWAYS staff members visited Janie's home to discuss placement possibilities. Time was spent observing and interacting with Janie as well as her mother during the home visit. No decisions were made but possibilities were narrowed. The checklist of behaviors was discussed with Janie's mother and left for her to complete.

Information gathered on the home visit was shared with the entire PATHWAYS staff and the alternatives were discussed. An opening in a traditional half day nursery school class, meeting three afternoons a week, seemed appropriate. The class could provide structure, good language modeling and more socially mature children for Janie to imitate. Her experience in the developmental preschool would continue to be provided by the local school district. Placement in an integrated setting through PATHWAYS was chosen to complement, not contradict, Janie's participation in the developmental program.

The next step in our information gathering efforts involved another home visit--this time with the prospective nursery school teacher accompanying a PATHWAYS staff member. This teacher/director had been anxiously awaiting a call from the PATHWAYS Community Coordinator with the news of a referred child who could participate in their program. The Center's staff and Advisory Board had previously negotiated participation with the project and had "saved a place" in the classroom for a special child. Prior to arranging the teacher visit, Janie's mother had been called about the proposed classroom. Reading material from the PATHWAYS library was taken along as Mom wanted to learn more about her child's needs and abilities.

Parent, prospective teacher and PATHWAYS staff members all discussed placement in the nursery school positively, yet openly shared concerns. As was apparent in filling out the behaviorial checklist, Janie's mother was growing more concerned about her daughter's possible difficulty in an integrated classroom. PATHWAYS staff were careful not to promote false hopes, but were supportive of Mrs. T. throughout the process. The fact that all PATHWAYS placements are initially considered temporary seemed comforting to all. No one would be "trapped" into anything uncomfortable or inappropriate.

After discussing Janie's needs with the other classroom teacher as well as the nursery school parent board, a decision was made to place Janie in this classroom on a trial basis. Contact was maintained between classroom teachers and PATHWAYS staff as well as parents while arrangements were being made. The teacher visited Janie at her other school prior to nursery school attendance. An informal conference and observation period took place with Janie's special education teacher at her local school. After this visit a "sneak preview" of the nursery school was arranged for Janie's mother.

It was mutually decided that the case facilitator (PATHWAYS staff member assigned to coordinate this case) should be available in the classroom the first week of the new school year. During the first three transition days, the case facilitator interacted within the classroom and also spent time taking observation notes to analyze and share with Janie's teachers and parents. This perhaps accounted for the most important information gathered--how Janie actually responded to teachers, other children, and materials in the classroom. Though problem areas were noted, a substantial amount of positive interactions in this new environment were documented. Sharing this information with Janie's mother helped to relieve her anxieties. Carryover from nursery school to home and to Janie's special education school foretold a successful match/fit. Note: Janie is now doing extremely well in this classroom.

As can be seen by this case study, PATHWAYS employs a "responsive-interactive" approach to referrals and follow-up information gathering. This approach has some clear advantages over more directive approaches in building a rapport with those interested in the special child's development. Parents and teachers are more likely to follow through with supportive assistance if the needs being addressed have been identified by them. Self-initiation is promoted. The responsive-interactive approach tends to foster respect between parents, PATHWAYS, and other agency personnel.

Development of a mutual trust is begun through the information gathering process. As issues are encountered and resolved in a positive way, the groundwork is laid for a long term productive relationship.

Case Facilitator and Match/Fit Process

In order to provide coordination among family, classroom and project, a case facilitator is assigned to each PATHWAYS child and family. This role has been designed to better meet the needs of each family by providing one contact person to coordinate all aspects of the "case." One of the prime factors in developing this role has been the wish to decrease the number of professionals in contact with a family, a matter of concern to all.

This person may be a member of the Project staff, a head teacher, or center director. Project staff serve as resources to each case facilitator on an "as needed" basis. Assignment of case facilitators is based on many factors, including individual staff expertise, current load, teacher preference and general matching of case facilitator's abilities with child, family, classroom and interagency needs. The case facilitator's responsibilities include:

- - Participating in the match/fit decision (placement)
- - Assisting teacher and parents in the transition of child into a classroom
- - Providing ongoing support to classroom
- - Assisting in parent involvement
- - Participating in child assessment process
- - Developing and re-evaluating IEP with teachers and parents
- - Facilitating communication and cooperation among agencies and individuals involved with a child
- - Assisting teacher and family in coping with ongoing and situational needs

Once all information has been received from the referral source and the family, and a case facilitator is chosen, program placement is negotiated so that the strengths and needs of the program meet the strengths and needs of the child and family. (Additional information may be found in the Support/ Facilitation section.)

Early Childhood Centers

Within the PATHWAYS philosophy, it is important to solicit involvement from a variety of outstanding early childhood programs within a community. Initial contact with these centers can take place in a variety of ways. Sometimes the centers are known to staff members by prior contact or by reputation; at other times center staff themselves have initiated contact with the project in regard to participation.

After initial contact, the exploratory/negotiation process begins. A staff member offers information about the advantages of participation and addresses concerns and reservations. The center is visited while in operation by the Community Coordinator, other members of the PATHWAYS staff, and/or Advisory Council member(s). The characteristics of the centers are noted in an effort to better "match" handicapped children to particular programs. PATHWAYS staff look at the following variables:

- - Type of center - Three basic alternatives exist and are offered to meet the variety of needs expressed. Centers include day care, cooperative nursery school, and private nursery schools. Head Start and compensatory programs are not yet involved with PATHWAYS.

- - Level of interest in participation with PATHWAYS - All involvement in the project is voluntary. If a teacher and/or center feel they can be successful, most likely they will be.

- - Flexibility of program regarding days, times and ages - Many factors affect each child's programmatic needs, including dual placement, scheduled therapy, need for nap, etc. Centers offering a variety of options, and demonstrating flexibility, are more likely to be comfortable with the Project requests.

- - Size and physical limitations of center and classrooms, including both indoor and outdoor areas. Would the center be easily navigated by a blind or visually impaired child? Is it open, perhaps making it overwhelming for a perceptually handicapped child, but easy for a beginning walker to "try his wings" in open space? Is there variety offered in types of physical settings available? Does the building have good acoustics?

- - Ratio distribution. The optimum staff/child ratio (the total number of staff per class and the total number of children per class) will differ with centers, staff and children. A new, active group of children in a large, open center may require more staff than a small group of children who have been working together for a year. Some of the children involved in the program might need fewer available adults in an effort to encourage more independence.

- - Location within the community and population served. It is important to provide a variety of placements with respect to both these factors, as handicapped children are distributed across all neighborhoods and groups of people. For example, if a handicapped child were transported across town to a specific center and placed in a class where he/she was the only Black (or Caucasian) child, it could, in fact, be "doubly handicapping."

- - Staff qualifications, attitudes and related information (staff turnover, duty roster, meeting times, etc.) Staff who have relevant training and experience, and are content with their professional situation and center relations will find the integrating experience of more benefit. Staff must have time to devote and desire to do so in addition. Existing center procedures and meeting times are noted; adaptability to in-service training and additional responsibility is determined. Ability of teachers to develop realistic expectations of an individual child's needs, abilities, and emerging skills is important in planning successful experiences for both teachers and children.

- - Center and staff stability - For many children and families stability is important. If there is a probability that teachers are changing or the center administration will change in a few months, it would probably not be appropriate to place a handicapped child in this environment.

- - Program philosophy - For this particular model, a program which provides a developmentally based, whole child approach within an educational program is preferred. Planned activities with educational objectives, positive affective guidance techniques, and flexibility within the structure of the program are sought. Knowing the emphasis in programming at each center is helpful in deciding which child's needs should best be met in that environment. Observation of congruence between stated program philosophy and observed behaviors of staff is essential.

- - Program content - Varied activities and materials offer the probability of success and mastery for young children. A balance of child-initiated and teacher-initiated activities encourage children to learn. Large and small motor equipment, active and quiet materials can be selected and arranged to encourage independence and child-to-child interaction(s).

- - Potential of providing socialization - Social contact with peers in and of itself is important, but consideration must be given to the possible positions of a handicapped child in the peer group. Opportunity for development of positive self concept can be provided. Children (and adults) need verbal and non-verbal reinforcement for appropriate social behaviors.

- - Language enrichment - Verbalization as a part of social interaction and educational programming/intervention will be apparent in varying amounts. Many special children need assistance in both understanding and using language for communication. A priority for the stimulation of language is a positive factor.

- - Positive alternative role modeling - An integrated environment may serve as the handicapped child's first encounter with a group of "normal" children. The experience provides ongoing opportunities for imitation of appropriate behavior.

- - Center's (and/or staff's) former experience with handicapped children - If staff members have had a positive experience with at least one handicapped child, they are likely to be successful again. On the other hand, an unsuccessful experience may predispose a negative learning set.

- - Center's (and/or staff's) contacts with support agencies/people - Available access to existing service networks and a willingness to accept services are necessary in order to work with many handicapped children. Any contacts the center has had prior to PATHWAYS involvement are seen as helpful in preparing the staff to participate in shared goals for children.

- - Existing parent program (articulation of approach to families)- Formal and informal parent meetings, consultation and support are an integral part of any program for young children. Programs where parents are intimately involved are more apt to be successful.

In addition, materials received from center (parent handbook, newsletter, etc.) are reviewed in an attempt to secure any additional information which might prove helpful in determining placement of a child. Come with us on a visit to one of the community centers participating with PATHWAYS. This center is one of fifteen that were involved with PATHWAYS over a period of three-plus years.

PATHWAYS participation with a local day care center serving varied income families matches that center's existing philosophy. An extremely high quality day care center (according to PATHWAYS criteria for selection), this program is partially funded by United Way and offers a sliding fee schedule. The majority of children served are Black.

Upon first arrival, a visitor will undoubtedly be welcomed by the center director. Having been with the program for thirty years, this small, animated woman, a minority representative herself, has a remarkable handle on the workings of her center. Able to recognize and meet the needs of the community and the center, she is respected and well loved by all.

The tour begins, and after brief greetings from several children, the visitor might begin noticing the well arranged equipment and abundance of developmentally appropriate materials. When the children resume their work, the quiet, alive, comfortable, bright atmosphere becomes apparent. The children appear happy and involved in their activities. The visitor notes a sense of curiosity, motivation and creativity in the children. Though academics are promoted, it does not seem overdone. Extensive socialization and verbalization create a sense of pride in their school and accomplishments. All the children appear neat, clean and polite.

Perhaps the visitor is now able to change focus and note the teacher's level of involvement with the children. While promoting independence and maintaining control, the staff is able to interact with the children at their level. It is obvious that these teachers and aides really care about the children. The director may relate that all staff are experienced and came to the center with a variety of training.

Having at least briefly observed each of the three classrooms, the visitor may next be invited to the playyard. Though noticeably narrow, a cement slab and sand run the length of the building. Equipment is well placed and materials are available for children's use. Staff and children alike are proud to show off their small garden. It is soon made clear that this is not the only large motor equipment and space available for their use. Located next to an elementary school and a community park, they not only have access to a modern gymnasium facility, but to other well-designed playgrounds as well. All are used extensively by the day care center.

The children range in age from two and one half to six and are divided into three groups according to age and developmental level for portions of the day. There are two teachers per group of approximately ten children each. Teacher aides are also present in each group. A

Head Teacher is responsible for weekly/daily lesson plans and staff meetings are held regularly. The staff feels it is very important to meet each child's individual needs. informal daily discussions with parents help them become aware of and meet those needs.

Upon completion of the tour, the center director may tell you that she and the entire staff, along with their board of directors, are "dedicated to the improvement of initiative, responsibility, and self image." The children are proof of their success in attaining these goals.

The Teachers

The 128* head teachers who have been involved in the project thus far are people who value children and who enjoy learning about them and with them. The majority of the teachers are young (in spirit if not in truth), ranging in age from 22 to 45. Their educational background varies from those with a high school diploma and child development associate degree to those with Master's degrees in Child Development. The majority of the teachers are female, but an ever increasing number are male. They come from a variety of racial and ethnic backgrounds, and have diverse interests. They hold in common their enjoyment of, knowledge about, and dedication to children. Some of the particularly helpful characteristics exhibited by the teachers involved in PATHWAYS are:

- - Willingness to risk, to learn
- - Tolerance for differences and deviances from "norm"
- - Coping abilities - ability to interact with a variety of people, ability to be flexible
- - Proficiency at handling children's behaviors, maintaining order/peace while reinforcing self-concept of children
- - Organization - planning diverse and challenging activities with a group, keeping individual needs in mind
- - Ability to observe and differentiate a typical behavior
- - Ability to provide more individualized attention/educational experiences
- - Willingness to conduct/maintain assessment process
- - Ability to establish and maintain rapport with parents

The degree of a teacher's competence in each of these areas is initially ascertained by asking the center director and the teachers themselves how each teacher is described in reference to these characteristics.

The resulting combined description gives an indication of: the types of children and families with whom the teacher would feel most comfortable; the needs which can easily be met by the teacher; and where added support might be needed.

Teachers and Directors/Coordinators are involved in the placement decisions concerning exceptional children. *Voluntary participation by staff in the PATHWAYS*

*Each year a teacher participated is counted in the total number, for some teachers participated more than one year. There were actually 85 different head teachers/directors.

Project is a basic operating guideline. Successful integration hinges on *teacher willingness and readiness.* Teachers and Coordinators/Directors have the right *not* to participate directly in the Project based on their perception of their own needs. As participation in PATHWAYS *may* mean additional time and energy, they may choose to not participate, while "leaving the door open" for future involvement. Teachers and Coordinators/Directors who do agree sign a contract with PATHWAYS staff. They understand from the beginning what is expected of them in terms of documentation, record keeping, and training experiences when they agree to include a particular child with special needs in their classroom.

Reality Constraints

Voluntary staff participation is our guideline. However, in trying to respect the needs of all involved, we sometimes are confronted with situations which may compromise that guideline. Our reality constraints include:

- - Prior commitment to special children and their families who are continuing from one year to the next in our Project. (They usually "graduate" to another classroom and hence will have another teacher.)

- - Children with special needs for whom no other appropriate placement exists

- - Unanticipated and important demands from significant/influential community agencies and individuals

When these constraints present themselves, every attempt is made to provide additional support to a teacher who may not have been ready yet. We try very hard to give new teachers an acceptable period of time to become adjusted to the new environment and existing expectations, without the additional work project staff expect.

Summary

The placement process has been devised to find the most appropriate classroom environment for a handicapped child. An "adaptive fit" or match between the child, family, teaching staff, other children and families is the goal. Although many of our referrals have been prescreened by agencies and districts as candidates for integration, we must also determine both their suitability to our program and our ability to respond to their needs. The placement of each child is individually negotiated with consideration given to the multiple systems surrounding the child, including:

The Child: Appropriate developmental level, size, needs and abilities, previous experiences, etc.

The Family: Parents and possibly siblings

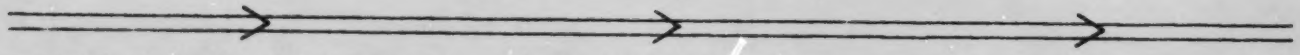
Other Agencies Serving Child: Schools, therapists, etc.

The Source of Referral: (if other than parents) school district, diagnostic services, speech clinic, etc.

Receiving Constraints: Teacher and Coordinator/Director needs, existing work loads, preferences, class composition and balance

Reality Constraints: Commitment to continuing children, possible overload, unserved children, confidential considerations, political considerations, etc.

TIMELINE OF INDIVIDUAL NEGOTIATION PROCESS FOR PLACEMENT*



Initial Contact	Taking Stock	Contact/Exposure	Decision Making	Placement
-referral call received -information exchanged -face-to-face visit planned to discuss options and meet child	-survey made of available placements -possible placements in alternate facilities considered	-project and support staff meet with family; discuss needs/ options -child observed at home; in other program if enrolled -child & family visit center	-project staff/ head teachers/ program coordinators discuss feasibility -consideration with cooperating or referring agencies -parents reconsider -support needs determined -EPPC if necessary or desired	-child enrolled in PATHWAYS unit; initial IEP & support provided as needed -referral to community child care programs or special program facilitated -initial transition period monitored -placement determined successful or new placements considered

*Takes place over a three-four week period.

A Case Study

In order to illustrate the importance of the Match/Fit element in operating the PATHWAYS model, let's review the participation of Chuck. Chuck is a four year old with a mild spastic type of cerebral palsy. He experiences some balance and mobility problems and has difficulty with gross and fine motor tasks, including speech articulation. Chuck manifests a developmental delay of one-two years.

During the academic year he is enrolled in a segregated developmental classroom in his school district. Chuck participated in the six week summer program at Laboratory Preschool during 1977, attending three days a week. He seemed to enjoy the varied activities, stimulation and socialization provided. Although the summer program is designed as an enrichment experience with limited expectations, Chuck had what appeared to be a fairly positive experience.

When his parents requested that he be enrolled for the 1978 summer session, Chuck was placed in the same classroom and with the same teacher. Because of the brief nature of the summer session it seemed that placing him in a familiar situation would be most productive. However, the 1978 group in this classroom was a much more active group of youngsters. There was a great deal of movement and a high noise level. Although Chuck seemed comfortable and happy on orientation days with a small group of youngsters and parents present, he grew increasingly less so on succeeding days. He would get settled in an area and stay there for long periods of time. He seemed to be afraid to move to new areas or activities, accomplishing this only when encouraged and accompanied by an adult. He was, contrary to his usual happy personality, quiet, somber, and apathetic. His parents reported that he didn't wish to come to school in the morning, crying and clinging in protest. During the outdoor play period at the end of the morning, he spent most of his time at the gate watching for "Mama" and asking for her repeatedly.

The case facilitator suggested that another classroom, one with a less active group of children, might be more beneficial for Chuck, especially in terms of independence and positive self-concept. The teachers of both classrooms and the parents were consulted about the possibility of a change. It was agreed that the case facilitator would accompany Chuck on a visit to the other classroom.

This classroom was composed of three small rooms; moving from one area to the next required negotiating doorways. The other children in this classroom were calmer and more sedate. The majority of them were about three years old. Chuck seemed happy and comfortable in this classroom. He continued to interact more with adults than with other children, but he moved and explored new areas independently. He participated in parallel play freely and cooperated in adult initiated cooperative play. A second day of visiting was planned. When he arrived in the morning, Chuck was told he would be visiting Sadie's classroom again. When the facilitator arrived to accompany him, he immediately stood up and went to the door, apparently anxious to go.

Chuck's mother commented that she noticed a change in him at home. He seemed happier upon coming home and no longer resisted going to school once he began visiting Sadie's classroom. She expressed a hope that he be allowed to continue in Sadie's room.

As a result of discussion among parents, both teachers and the case facilitator, it was decided to transfer Chuck to the second classroom for the balance of the summer session.

His adjustment to this more suitable environment was quickly accomplished. Chuck's summer involvement was a pleasant and positive experience. He discovered that he could participate and communicate comfortably in a group of normal youngsters. He seemed to feel good about them, about school and about himself. In the first classroom, he was barely coping.

Chuck finished the summer having increased his verbalizations, and becoming more mobile and explorative of his school environment. He participated quite a bit in fine motor activities and was strongly encouraged in this since his mother stated that this was an area of concern for her.

How glad we were that we had the option and the willingness to improve his experience by finding a better Match/Fit.

The Match/Fit process is very important. It underlies the balance of the PATHWAYS technical assistance model, especially Support/Facilitation.

SUPPORT/FACILITATION

RATIONALE

The successful integration of young handicapped children into existing early childhood programs requires the participation and cooperation of many different individuals. For many involved, this is an unfamiliar experience, requiring contact with members of the community outside of known systems of contact. As a support system (technical assistance) model, PATHWAYS anticipates and responds to the needs of key groups of individuals: children, their parents, their teachers and participating agencies. Together, these people comprise an "eco-system" which surrounds the individual integrated child. (see Figure 3). The rationale encompassing the support services offered to these different groups is based on fundamental observations of what individuals need in order to become involved in change and development. Consideration has centered on the expectations that people bring to participation in a social or educational innovation. We have observed that:

- - Most individuals have initial concerns when faced with a new experience. They may feel threatened, may be concerned with skill inadequacy, or worried that they stand to lose services, status or power.

- - Every person involved is unique and has individual needs, concerns and abilities. Each person has his/her own way of learning, receiving information and using resources.

- - When individuals are offered alternatives and choices, and are encouraged to define their own needs, they are able to be active participants in a process, and better able to generate and implement their own solutions.

- - Transitions (psychological or physical movement from one situation to another) are a challenge to most individuals and it is during these times that most services will be needed.

- - Willingness to participate in a new experience is highly important for success. Individuals who voluntarily elect to participate will be more likely to become partners in the process.

- - Ongoing services, periodically reassessed for effectiveness, must be encouraged.

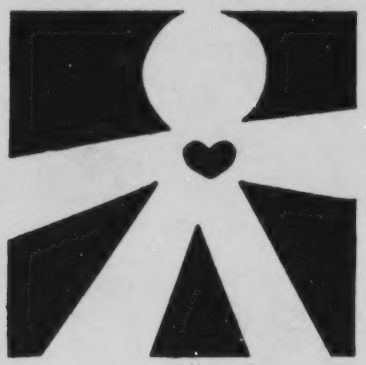
- - Ongoing communication among participants is extremely valuable and must be encouraged.

- - All individuals need recognition and positive acclaim for their accomplishments. All people need feedback from others in order to develop and adapt.

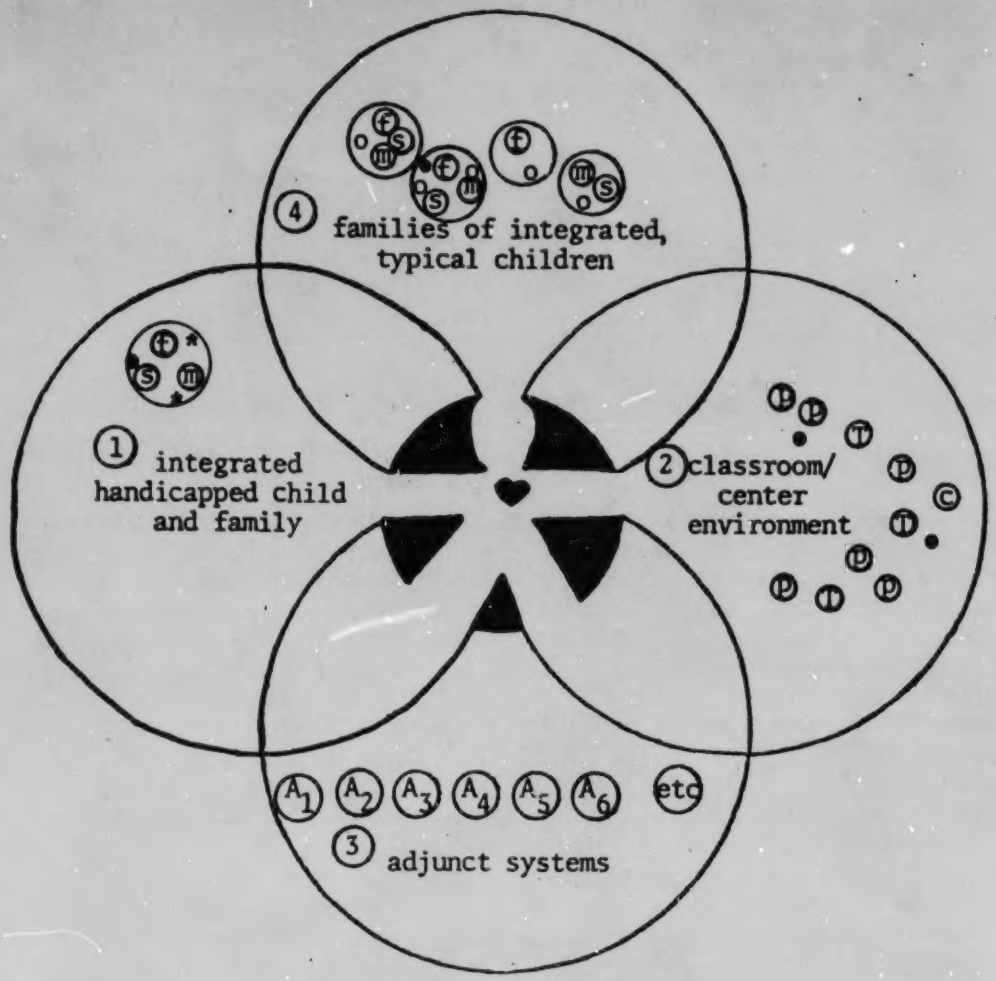
Figure 3

PATHWAYS Ecosystem Model

PATHWAYS Project facilitates the interaction of many different individuals, families, agencies and organizations. The major groups which interact directly through the PATHWAYS Project are: integrated handicapped children and their families, early childhood education classrooms and centers, adjunct systems, and the families of integrated, non-handicapped (typical) children. In this drawing, areas where different groups (large circles) overlap indicate the potential for interaction and contact among different groups. Because PATHWAYS plays a facilitative role, we are represented by our logo*, at the center of the figure, indicating that our role brings us into contact with all these groups simultaneously.



*The PATHWAYS logo has become an important aspect of both the project and the concepts represented. A Human Environment and Design student in the College of Human Ecology (Judy Bostwick) created this especially for us. Her instructions were to "Design a logo which (1) captures the ecosystems surrounding the handicapped child and which (2) has warmth and caring at its center."


4 families of integrated, typical children
1 integrated handicapped child and family
2 classroom/ center environment
A1 A2 A3 A4 A5 A6 etc
3 adjunct systems

KEY

(1.) Integrated Handicapped Child and Family: including home environment and neighborhood.

(f) = father (m) = mother • = handicapped child (s) = sibling * = other family member (grandparents, etc.)

(2.) Early Childhood Classroom/Center Environment: Includes material environment of time, space and equipment and all involved personnel.

(T) = teacher or adult (p) = peers • = handicapped child (C) = coordinator of program

(3.) Adjunct Systems: other agencies having impact on young handicapped children and their families

(A_1) = local or intermediate school district administration
(A_2) = special education classroom
(A_3) = medical systems: physicians, hospitals, clinics
(A_4) = specialized therapies (physical, occupational, speech, etc.)
(A_5) = social services systems (day care, foster care, etc.)
(A_6) = respite care
(etc) = other

(4.) Families of Typical, Integrated Children

(f) = father (m) = mother o = children enrolled in integrated early childhood classrooms (s) = siblings • = handicapped family member

An understanding of these complex needs forms the basis of the Support/Facilitation component of the PATHWAYS model. We have found that when individuals feel that their needs and abilities are considered and respected, they are better able to work towards a common goal of providing the most appropriate early educational experiences for young handicapped children.

As a technical assistance model, PATHWAYS provides services in order to implement and evaluate the carefully negotiated placement of an individual handicapped child. These services have two primary functions: they are *supportive* of the individuals involved, and they are *facilitative* of further growth and development. PATHWAYS' services to children, teachers, parents, and agencies are supportive, helping to provide a needed security while developing new competencies and while coping with ongoing responsibilities. As each individual has unique needs, support services vary according to those needs. The combined effect is to create a positive climate for ongoing educational experiences of children with diverse needs and abilities.

In providing support to the various persons involved with the integrated handicapped child, we actively *initiate* services as well as *respond* to needs as they arise. We attempt to anticipate the needs and concerns of participants, and plan services and adaptations to prevent problems. We respond to needs at two levels of awareness: the *stated* and apparent needs of participants ("My child needs transportation" "I will need another aide in the classroom during lunchtime"), and the *perceived* needs (Teacher A has not oriented her whole staff to the goals for Johnnie; the Local School District needs to be filled in on Sally's current growth in the nursery school setting.)

Identifying needs in the total system surrounding the child is one of the coordinating functions that PATHWAYS serves. We also play a facilitating role by exposing individuals to a range of alternatives and by being aware of the total picture surrounding a child's involvement in an early childhood program. This role of coordination is aimed at increasing participants' abilities to identify and utilize resources on their own.

Preschool aged handicapped children often have complex needs, not all of which can be addressed within the integrated classroom without additional services. These additional or adjunct services play a significant role in the development of the young handicapped child and his/her family. Often the special child is involved with numerous other agencies. Included may be: physicians, therapists, special educators, school district and social services personnel, transportation agents, etc. PATHWAYS is concerned with the integrated special child's eco-system and with assisting parents in negotiating with other services. Therefore, we work towards establishing *cooperative relationships* with other agencies. This thrust of coordination with other agencies is a vital and productive aspect of the Support/Facilitation process. (Additional detail may be found in another section.) The primary function is to share information about a particular child so that there is greater correspondence, consistency of goals and methods, and understanding between the different environments in which the child and family participate. We foster a "whole child" approach by reaffirming that the child has multiple needs and abilities, often addressed by multiple agencies and individuals who must work cooperatively.

At a different level, another important reason for coordinating with other agencies is to encourage communication between different disciplines that have formerly been segregated. By initiating and responding to agency concerns, we develop trust and a kind of cross-pollination of ideas. In our efforts to increase available developmental alternatives for young handicapped children, we work towards supporting and expanding a community network of existing services. Working cooperatively with other agencies is a form of dissemination, exposing more professionals in other fields to the goals, methods and program results relating to the successful integration of young handicapped children.

Purposes - *What we are working towards*

Support and facilitation activities are aimed at promoting child progress, teacher growth and satisfaction, parent satisfaction and increased adaptiveness of involved systems. These are the purposes of our support-facilitation component. Outcomes are futher defined by the following goals.

Goals for Integrated Special Children

Although we serve a group of diversely handicapped preschool aged children, we have general goals for all children participating in PATHWAYS. The following goals help to form a definition of successful integration of the child with special needs into the regular early childhood programs.

The child will fully *participate* as a class member by:
- - being involved in a variety of activities
- - interacting with peers and adults
- - developing at least one attachment or positive relationship with an adult and a peer
- - participating in non-routine as well as routine events
- - having more positive than negative interactions with peers
- - recognizing and being recognized by others in the class by name

The child will *adapt* to the classroom environment by:
- - developing increased confidence in self, trust in others and environment
- - increasing ability to function independently and interdependently with others
- - modifying behavior to cope with the expectations of the environment

The child will *improve* in specified developmental areas, including:
- - development of a realistic and positive self-concept
- - progress towards individually determined long term goals and short term developmental objectives according to the MAP-IEP*

---

*MAP-IEP: As used herein, the MAP is a shorthand written form of a child's developmental topography. It includes all elements of the Individualized Educational Program (IEP) required federally, but it has some additional information that fits into the PATHWAYS model. It is not an acronym.

Goals for Integrating Teachers

Although early childhood teachers are a diverse group, we have general goals for all teachers. In order to promote teacher growth, the following goals were selected and form the basis of our staff development training and support process. The degree of involvement in certain aspects is subject to self selection by the teachers themselves.

Teachers will *develop positive attitudes* toward integrating special children by:

- - becoming aware of each child's individuality
- - participating voluntarily in Project activities
- - exploring own feelings towards handicapment
- - developing feelings of competence in meeting the needs of challenging children
- - feeling the satisfaction and accomplishment in enriching the life of a special child
- - becoming open to differences in individuals and approaches to learning

Teachers will *develop skills* needed to integrate children with special needs including:

- - understanding the characteristics of particular handicapping conditions
- - participating in collecting and interpreting developmental assessment information
- - formulating with other professionals an individual plan to guide a child's development
- - incorporating individual objectives and goals for a child into a total environment
- - adapting the classroom routine, limits and physical structure to individual children
- - training other classroom staff in the needs of the individual child
- - capitalizing on the child's strengths and abilities
- - communicating with other children about the needs and characteristics of their handicapped classmate in a positive manner
- - utilizing language stimulation and behavioral guidance techniques
- - developing sensitivity to particular issues of transition for the child

Teachers will *work cooperatively with others* by:

- - developing their own skills through learning experiences
- - utilizing consultant services
- - collaborating with other agencies and individuals concerned with an individual child
- - developing an understanding of the needs of parents of handicapped children
- - developing ways to incorporate parents' concerns, needs and ideas into planning for the child
- - being able to articulate how a child has grown and changed
- - developing a participatory relationship with the case facilitator
- - responding helpfully to other parents' concerns about the special child

Teachers will *participate in developing the PATHWAYS model* by
- - taking part in individual negotiations for child placement
- - providing data on growth, needs and impressions for evaluation purposes
- - providing feedback about model processes and relationships and suggesting changes
- - sharing information about PATHWAYS with other teachers, parents, community members and other target groups

A more specific description of the skills we have found to be important for integrating teachers can be found in the Teacher Development Checklist in the Appendix. This reporting tool was devised as a self assessment of needs and as a basis for developing staff learning experiences. The checklist was developed with input from integrating teachers.

Goals for Parents of Integrated Children

PATHWAYS Project goals for families of special children are more open than for the other participating groups. Through many diverse experiences with parents of young handicapped children, we found not only do needs vary a great deal, but parental readiness to participate in specific group learning experiences or other interventions varies as well. Therefore, we have felt it necessary to take a more responsive, rather than an initiative position.

We seek to provide meaningful and supportive experiences for parents of integrated handicapped children by:
- - actively encouraging parents to be aware of and involved in the planning and implementation of their child's program. Parents participate in placement, IEP formulation and ongoing evaluation.
- - enabling parents to feel greater self confidence and trust when dealing with professionals.
- - encouraging parents to become active and comfortable in seeking and utilizing all available resources to assist in their child's development.
- - fostering the development of positive relationships among all families for mutual contact, support and problem solving.
- - assisting parents to maximize their ability to define and implement their goals for their child.
- - helping parents develop realistic and appropriate expectations of their child's abilities and needs.
- - helping parents plan for and adapt to the child's formal entry into the public school system.

Goals for Ecosystem Adaptation

In addition to working towards specific goals for children, parents and staff, PATHWAYS Support/Facilitation activities are aimed at increasing the flexibility and adaptiveness of surrounding systems. Specifically our activities are directed toward: early childhood programs, cooperating agencies, and policy and decision makers effecting young children. Given a broader societal framework, our underlying purposes in providing support services to these groups include:
- - to promote awareness of the unique and individual needs of young children
- - to expand available options for the stimulation, education and socialization of young handicapped children by promoting acceptance

of the option of integrating young handicapped children, and to have this seen as socially and educationally beneficial
- - to promote the idea of "individual negotiation" as a way of matching services with diverse needs in individuals and groups
- - to increase recognition of and communication between the various agencies and services already available to young handicapped children and their families
- - to enable early childhood programs to better cope with issues of developmental distress, family crisis and early warning signals of handicapment
- - to promote feelings of competence and self respect among early childhood educators regarding their ability to serve young handicapped children in an integrated environment
- - to promote enrollment and staffing policies which support the needs of children with diverse characteristics

The purpose of Support/Facilitation activities are varied and far reaching; the common themes: positive acceptance of differences, individual adaptation of existing programs, mobilization of existing comptencies and promotion of communication among diverse groups. Accordingly, a variety of mechanisms are utilized to meet these varied needs.

Mechanisms/Processes

The support services utilized by the PATHWAYS Project are primarily implemented through interpersonal contact. We have found that a warm, consistent approach to providing support services is essential in building and maintaining rapport, cooperation and growth. The person who is responsible for supporting the integration of an individual child and for facilitating communication and cooperation among the other participants is known as the case facilitator. The case facilitator helps individuals bridge the gap between existing competencies and individual adaptation for the integrated child.

Case Facilitation

In order to provide coordination among family, classroom and project, a case facilitator is assigned to each PATHWAYS child and family. This role has been designed to better meet the needs of each family by providing one contact person to coordinate all aspects of the "case". One of the prime factors in developing this role has been the wish to decrease the number of professionals in contact with a family, a matter of concern to all.

While all case facilitators are currently project staff members, we hope to involve other persons in this role as we increase our community involvement. Because administrative support and commitment to the integration model is crucial to its success, it is probable that early childhood center directors may be involved in this role in the future. This would assure project involvement and support as well as providing a much needed support system for families and classroom staff. Other persons may also be involved as case facilitators when interest and availablilty are determined. Possibilities include members of early childhood center boards, school district personnel and other center staff or parents. This role is one which may be assumed by any interested, committed and knowledgeable individual who is able

to relate openly and effectively with a variety of persons and agencies on behalf of the family of an exceptional child.

An attempt is made to assign a case facilitator as soon as a referral is made so that this person can establish and maintain a positive and supportive relationship with the family. The case facilitator then participates in the placement decision, the transition process, child assessment, and planning the MAP-Individualized Educational Program (IEP). The case facilitator provides ongoing support to the classroom teacher and the family throughout the child's involvement in the program. The nature and degree of the involvement of the case facilitator is determined by the needs and wishes of the family and the classroom teacher who are encouraged to communicate freely with this individual. The case facilitator arranges transportation, secures extra classroom support as needed, provides information and referral to outside agencies and meets family and teacher needs as they arise. The case facilitator meets weekly with the classroom teacher to discuss both the child's progress and the teacher's needs and concerns. The case facilitator meets with the family as often as necessary and maintains frequent phone communication with them. The case facilitator is available to observe the classroom with the family, encourage and facilitate involvement in program activities, seek answers to questions and establish communication with other agencies involved with the child.

We feel that individuals participating as case facilitators have effectively met the needs of both families and project in providing an interested and concerned person who is dedicated to creating a positive experience for the young handicapped child and the child's family. It has definitely relieved families of the pressure resulting from multiple professionals seeking their cooperation, attention and time. Further elaboration on this role will be forthcoming.

A range of support services has been created or adapted by PATHWAYS staff to meet the needs of children, teaching staff, parents and agencies. It is the case facilitator who adapts these services to the needs of each individual child and the individuals and settings involved. What follows is a description of the various services we have utilized with the different types of participants in the PATHWAYS Project:

Individual Adaptations on Behalf of Integrated Children

- - Placement in the most appropriate classroom (described in the Match/Fit section.) This process insures that the particular classroom program is, in general, developmentally appropriate to that child.
- - Orientation and Transition to the new classroom. The child may visit several times before enrolling, usually accompanied by parents, current or former teacher(s), or other significant adults. Every effort is made at this time to help the child feel comfortable and accepted, by using familiar toys, experiences and people. Home visits are also arranged so that the new teacher may become a familiar person in safe, comfortable surroundings. Information obtained from adjunct individuals (teachers, babysitters, therapists) is used to provide a safe and satisfactory transition.

- - Assessment of abilities and needs. Using a developmental profile, observation, parent checklist and other available diagnostic materials, an assessment is made, near the time of initial enrollment, of the child's specific developmental needs and abilities. This provides a baseline against which subsequent development is measured.
- - Individualized Educational Program. Based on the collective assessment information, an IEP is created cooperatively with parents, teachers, PATHWAYS staff and other agencies involved. The IEP includes long range goals, short range specific objectives and strategies for reinforcing development. This IEP is revised periodically--usually after three to six months.
- - Adjustment of Daily Routine. The ongoing classroom program is evaluated in terms of its developmental relevance for the individual child. Parts of the routine may be adapted for the child (placement in a small group with highly verbal children; introduction of a new learning center which highlights integrated child's skills, etc.)
- - Modeling of appropriate social, self-care and communication behaviors by adults and children.
- - Materials. Games, toys, equipment which specifically help a child in his/her developmental goals are provided or adapted.
- - Additional Staff may be provided as needed, almost always on a part time basis for a specific activity to assist the child or total classroom staff. At times, additional staff are needed during the initial transition period only. These may be volunteers, students, work study employees or project staff.
- - Ongoing Observation/Monitoring of child's participation is a key to the continued adaptation of the program. The case facilitator observes periodically in the classroom to monitor the appropriateness of the placement and to introduce new learning experiences for the child.
- - Interface between Multiple Systems. When an integrated child is involved with other services (special education programs, therapy, pediatrician, etc.) every effort is made to encourage communication between the different programs and to keep them aware of child's progress in the integrated setting.
- - Referral to Other Programs is made when a child has needs which could best be met in cooperation with other existing services. Usually, the case facilitator accompanies child and family during initial contact as in the case of a child who needs a hearing test.
- - Follow-up. PATHWAYS staff participate in future planning decisions regarding the integrated child, providing information and recommendations. Also, whenever possible, when a child leaves our program, communication is still maintained and periodic "checkups" are made to determine progress and provide assistance as necessary.

Support Services on Behalf of Staff Development

In working closely with teaching staff and program directors/coordinators in integrated programs, we have made numerous observations about how teachers develop and what needs they have. The following is a description of the developmental process we observe in early childhood educators as they take on the challenge of integrating a special child and as they progress in their responsibilities. It is this developmental process which underlies the support services provided.

Table 1

Teacher Preparation/Participation in Integration Process by Stage

Stage	Preparation/participation activities (facilitated by PATHWAYS staff)
Willingness	-general orientation to philosophy and program -explanation of support services which are available to all teachers and children -voluntary participation is stressed -availability of demonstration classrooms as model; teachers encouraged to observe
Readiness	-visits to integrated demonstration classrooms arranged for teachers -supportive activities implemented for "typical" children in classroom -integration is seen by teacher as opportunity for professional enrichment -teacher reports "readiness" to accept a special child in classroom
Active Participation	-teacher discusses referrals and participants in decision-making (IEP, etc.) -teacher outlines conditions for his/her participation -child is conditionally placed in classroom -support process is activated for that specific classroom
Being a Resource to Others	-teacher is invited to share experiences at workshops, in classes, etc. -other teachers are referred for information and advice -teacher's suggestions and innovations are incorporated into Project -teacher is involved in planning, implementing and evaluating staff learning experiences -teacher is invited to represent project via dissemination activities -teacher becomes a resource in a different career setting (new job)

The support process is activated once: (a) a handicapped child is accepted into a classroom, or (b) a child is identified as "at risk" and eligible for inclusion in the PATHWAYS population. The following is an overview of the stages of support to staff:

Table 2

Support to Teacher During Integration

Stage	Activities
Orientation to Project	-record keeping and assessment responsibilities are specifically detailed
Orientation to Child	-baseline impression of child is developed through home visits, observations and background information
Individual Needs Assessment	-teacher is interviewed to define needs for knowledge, information, skills -classroom is observed to determine needs for physical alteration and staffing changes
Support Service Agreement	-available support service possibilities are described -support services are selected based on projected needs -method of delivery determined -timeline for delivery determined -teacher is assured that support agreement will be continuously reviewed to meet ongoing needs
Child Assessment Process	-rationale and method of child assessment is discussed -timeline for child assessment is determined -application of assessment information is discussed -IEP is developed jointly with parents and other professionals
Coordination with Other Services	-consultant roles are clarified -PATHWAYS staff and teacher attend EPPC or provide information to committee
Ongoing Programmatic Support	-support agreement is implemented -needs and accomplishments are monitored through periodic observation and discussion -parent/teacher contact is monitored -support agreement is revised as needed
Follow Up and Closure	-final observation by case facilitator at end of child's enrollment period -recommendations for child are formulated -integrating teacher provides support and transitional assistance to next setting

A variety of actual support services are utilized by teachers and staff. Listed below are the services which have been utilized as a result of collaboration between Project staff, teachers and coordinators.

Table 3

Support Services on Behalf of Staff Development

- Orientation to Project and child through meetings, personal contact, home visits
- Transitional support during first experiences with child
- Assessment of own needs for learning and development
- Observations of classroom and child by Case Facilitator, discussion of implications of behavior observed
- Modeling by PATHWAYS staff of intervention, interaction and stimulation techniques
- Problem solving sessions to informally discuss classroom alternatives
- Staff Handbook describing PATHWAYS processes, roles, resources
- Post Conference discussions with teachers and students about special child, techniques used, etc.
- Ongoing listening ear to discuss problems and developments
- Additional staff: classrooms sometimes require part-time additional staff to provide individualization for child. Work study, college or high school students or volunteers are trained to provide this service
- Printed materials: books, articles, bibliographies and children's books regarding handicapping conditions and early childhood programming collected and distributed through Project Library
- Mini workshops organized for limited group interest, i.e., workshop on sign language, discussion on orientation and mobility skills, etc.
- Monthly seminars dealing with general issues in integrating handicapped children also provides contact with other teachers
- Project newsletter to facilitate ongoing communication among and between different programs
- Interpretation of assessment information and data from other agencies
- Parent meetings: teachers assisted by staff in meeting with parents of handicapped children and responding to their concerns
- Curriculum ideas and strategies offered for implementing child's IEP
- Curriculum materials provided for use with child
- Personal feedback and recognition of staff growth and development
- Consultations with other early childhood, special education and medical/therapeutic personnel facilitated
- Conferences and workshop attendance publicized and supported by providing time out from classroom responsibilities (if necessary) for teachers to learn more about the particular child that is to be integrated into their class

A Case Study

The following story of a newly integrating teacher in a day care center and how she utilized support services will describe aspects of the PATHWAYS model.

During her second year as head teacher at the Day Care Center, Dee was excited when approached by a case facilitator about having Sara, an energetic 2½ year old with severe binaural hearing loss in her class.

> I've seen Sara in the toddler unit and she always seemed like such a neat kid. I think it would be fun to have her in my group - she's certainly ready for older children - but I've never really worked with a deaf child before. I really don't know anything about hearing aids or what Sara will need. I'm willing to try it - but I'm telling you now - I'm going to need a lot of help.

After spending some time in Dee's classroom getting a feel for a typical day, the case facilitator and Dee met during nap time. They talked a little about Sara's needs for language stimulation and discipline. They reviewed the IEP which had been written earlier in the year. Then they discussed Dee's concerns. Using the Teacher Development Checklist as a guide, Dee focused on three main areas of needed competence: (a) how she and her staff could communicate with Sara who has limited auditory skills and was just beginning to acquire sign language (through weekly lessons with a home trainer provided by the local school district); (b) how she could help other children in the classroom to understand Sara, communicate with her and treat her "normally"; and (c) how she could work with Sara's parents to completely toilet train their daughter. Dee repeatedly mentioned that she "didn't know anything about hearing impairment, wasn't sure this was going to work - but definitely wanted the challenge."

Various support methods were discussed and it became clear that despite Dee's enthusiasm, she did not have a great deal of extra time after meeting the many responsibilities of her head teacher role in a large, multi-cultural day care center. The case facilitator assured her that she would be available to Dee whenever she needed to talk, to discuss Sara's integration, or for in-classroom support. The case facilitator agreed to be a "participant observer" in the classroom during different parts of the day to provide feedback. While in the classroom, the case facilitator modeled the various management techniques about which they had talked. Since it seemed that Dee wanted and needed much reinforcement, the case facilitator was careful to leave notes commenting on positive classroom interactions and staff behaviors. They had discussed simple methods for communicating with hearing impaired children (which Dee was surprised to find were similar to methods used to communicate with young non-English speaking children).

A one page handout that described communication techniques was duplicated by the case facilitator and all classroom staff received a copy.

The classroom staff was very concerned about being able to reinforce Sara's sign language development. However, it was very difficult to get everyone together for a meeting during school hours. The case facilitator invited Dee and her staff over to her house on a Sunday afternoon and over cider and doughnuts they practiced the basic preschool signs. The case facilitator also mimeographed a small dictionary of simple, common signs to help them practice. As a result of the small get-together, big posters were made with illustrations of common signs; these were posted in the classroom.

The case facilitator was a frequent visitor to this classroom at the beginning of Sara's experience. She observed and praised staff members for their communication interactions. She also modeled ways to encourage other children to interact with Sara. The staff found that they could develop alternative interaction skills and self confidence when following a model. Sometimes the case facilitator would meet with a staff member during nap time and talk about Sara's progress. By the second week, the case facilitator began to come less often into the classroom, as the staff was better able to communicate successfully with Sara.

One of Dee's initial concerns had been how to promote other children's interactions with Sara. In actuality, she found that although children had many questions about Sara's hearing aids and lack of speech, they did include her in their play. And Sara proved to be a real initiator! The case facilitator mentioned that an audiologist from the Speech and Audiology Clinic could be invited to do a large group time with the preschoolers describing how the ear works and how a hearing aid works. Dee not only followed through on the suggestion but went one step further and asked another day care parent who is hearing impaired to tell a story in sign language during story time. Children's books from the PATHWAYS library concerning hearing impairment were loaned to the classroom throughout the term.

Dee and the case facilitator met to plan a toilet training program for Sara and rehearsed various ways to approach the parents for cooperation. As the parents had been inconsistent in their approach to toileting, specific behaviors and language were stressed. A teacher home visit was planned; the case facilitator helped Dee to organize her thoughts for discussion and served as a moderator.

Over the term, case facilitator support diminished as Dee took on increasing responsibility and developed skill and confidence in working with Sara. Although the case facilitator remained on call Dee was no longer in need of maximum direct service. She continued to seek new information and ultimately became a resource for others at the day care center. The following year, when Sara had "graduated"

to another program, Dee was the first to approach the PATHWAYS staff to ask if there were any new referrals for placement in her classroom. "In fact," she said, "I'd like to work with a child who has different special needs. I'm ready for a new challenge."

Support Services on Behalf of Families of Integrated Children

During the first year of the PATHWAYS Project we verified that the needs of families of special children are as diverse as the needs of individual children. Families enter the program with a variety of previous experiences, established support systems, expectations and commitment.

We have, therefore, attempted to individualize our approach to families in order to meet these diverse needs in the manner most meaningful to each family. The one thing which most of the families have in common is a limitation upon their time. While they are willing to devote time and energy to the needs of their child, they are willing to do so only if they feel that their action and involvement will truly have a positive influence upon their child's development and/or adjustment.

We have defined five areas of emphasis in working with parents: (1) parental involvement in the IEP and planning the child's program; (2) parental involvement in the classroom and in IEP implementation; (3) establishing open communication with parents; (4) parent-to-parent interactions; (5) parent education; and (6) parent interactions. Since our ongoing programs serve parents of both special and typical children, an attempt was made to utilize existing parent support mechanisms to respond to diverse needs.

Parental Involvement in the IEP and Program Planning

All families of special children are involved in continuous discussion with staff concerning their child and the program. In addition to the initial placement and IEP decisions, most of the families participate in scheduled conferences at least once a term to discuss goals, progress, activities, and methods with staff. There are numerous opportunities for brief, informal discussions with teachers or project staff throughout the year. Some families request and receive materials and suggestions for activities to be carried out at home and have made numerous suggestions for activities to be conducted at school. Since we view the parents as the primary educators of young children, we make sincere attempts to help the planning and implementation of all aspects of the child's program a mutual home/school effort. Parents of both special and regularly enrolled children are members of the Advisory Council. Their input into project planning is both valued and acted upon.

Parental Involvement Within the Classroom and IEP Implementation

All families observe their child's classroom; these observations are valuable for both parents and staff. Parents view not only their child, but the other children, the classroom activities, and adult/child interactions. They often share with staff their impressions and any discrepancies between home and school behaviors or abilities. Parents offer suggestions regarding techniques and activities that are effective with their child and are able

to see the activities and techniques which staff have developed to use. They also more readily understand the needs of all children by observing them in a group situation.

Families participate regularly in the classroom in cooperative nursery schools. This is a function of the coop, but participation is a function that we systematically promote for all parents in all classrooms. Participation on field trips and as a special visitor is also strongly encouraged.

Establishing Open Communication with Parents

This is an area of vital interest to all parents and staff. Only with a truly open and ongoing communication system can we be assured that the child is making continuous, positive progress. Communication has been individualized to meet the needs and personalities of the persons involved. Results of our interviews show that all parents feel that they were kept well informed, thus, we can assume that this has been a satisfactory approach.

Personal communication is handled in a variety of ways. Home visits by teachers or other staff are conducted with all families. Information is also exchanged informally during drop-off and pick-up at the center whenever possible. When children are transported by other than their own parents, frequent brief notes or regular phone conversations become the method of contact between parents and teachers.

Newsletters

Group newsletters are very popular with all families. The weekly classroom newsletters usually inform parents of upcoming activities planned for the class, as well as share information about current events. Parents especially enjoy knowing about activities, for it gives them the opportunity to plan carry-over activities at home, in addition to providing cues to stimulate the child's description of the day. Parents often are asked to contribute related materials or suggestions when they are aware of the plans for the day. Newsletters frequently provide words to songs and fingerplays currently being implemented, and this provides parents an additional opportunity to carry over activities from school to home.

Center and project newsletters are sent periodically to inform parents of events and acitivities of interest to the family. Parents contribute much of the materials and information found in these.

Parent Education

Most of the meaningful parent education is conducted on an indivdualized basis. The participation in program planning, classroom observations/participation, and parent/staff conferences all contribute to increasing the knowledge and understanding of parents.

Regular use of the parent library may be somewhat limited due to problems of access. We have discovered, however, that providing a particular book to a particular family is quite effective.

Parent interest sessions are sometimes held, e.g., "Communicating with Your Child" or a toy-making party. "Work parties" also are scheduled.

Other projects serving young handicapped children have as a part of their program regularly scheduled times for all parents of handicapped children to get together. Because of the variability previously described and because parents asked us not to do so, we have specifically refrained from offering information/service to families of handicapped children in a segregated manner. Our concern is with integration, thus we offer integrated services to families of special children in the same manner that we offer services to regularly enrolled families.

For the past year, however, a number of parents have exhibited an interest in participating in a parent group composed of the parents of children enrolled in the project. They recognized that there was diversity among them in terms of handicapping conditions their children were experiencing, but they felt enough commonality of experiences in having a handicapped preschool child. A stimulus that had not existed before was that the PATHWAYS Project was moving into a different mode of operation. The parents felt the need to establish an advocacy/support group to help with the transition to other systems.

Parent Interactions

Families support each other - ranging from sharing of children's clothes to transporting of child or parent to center events, to offering a sympathetic ear during times of stress. Several families have asked for and received assistance in arranging for evaluations of their child through specialty clinics. PATHWAYS staff have accompanied families during some of their visits. Staff have also attended educational placement and planning meetings for children.

The following is a list of the various support services which families of integrated, special children have utilized.

Table 4

Support Services for Parents

- - Initial Program Planning and Placement discussions including guided visits of programs
- - Ongoing Evaluation meetings with teachers/staff and communication about classroom program
- - Classroom Observation with case facilitator
- - Participation in Individualized Educational Program (IEP)
- - Classroom Participation
- - Home Visits by teacher or PATHWAYS staff
- - Referral to Specialty Clinic (Audiology and Speech, Motor Performance) and assistance in negotiating with these and other agencies
- - Participation on Project or Center Advisory groups
- - Parent Education Sessions

- Parent Work Sessions
- Center Fundraising Efforts
- Transportation of child provided by Project or adjunct services
- Tuition of child provided by Project or adjunct services
- PATHWAYS staff attendance at Educational Planning Placement meetings (EPPCs)
- Materials and activities provided for at-home use; relevant books, articles supplied
- Information about local conferences, workshops, and speakers of interest
- Problem solving sessions and ongoing "listening ear" support
- Follow-up of child's progress upon leaving our program including jointly formulated recommendations for future programming

Support Services on Behalf of Cooperating Agencies

PATHWAYS Project staff work with many cooperating agencies and individuals at the university, local, state, regional, national, and international levels. Interaction with other agencies primarily pertains to facilitating the integrated experiences of individual special children. However, project staff and support personnel are concerned also with public policy affecting young handicapped children. A more detailed explanation of the latter can be found in the Advocacy section. In the course of these interactions, the following support services are provided to other agencies by PATHWAYS staff:

- Communication about children's progress and participation in integrated setting
- Opportunities for assessment of child in a naturalistic group setting where child is well established and comfortable
- Placement of children referred by agencies who cannot meet child's needs
- Coordination of multiple child and family impacts
- Presentations: guest lectures, conferences, and workshops concerning the needs of young handicapped children and the process of early childhood integration
- Advisory services to other agencies and study groups
- Exchanging information about PATHWAYS and about the supported integration of handicapped children
- Consultations regarding specific children
- Participation in developing plans for future educational, social and developmental experiences for the child (and for all children)

Documenting PATHWAYS

With multiple involvements in the support and facilitation of children, parents, teachers, and agencies, the need for recordkeeping and documentation become inevitable. Beyond that, however, is a value that PATHWAYS staff bring a desire for accurate and sufficient information that others may share. Documentation underlies all PATHWAYS processes, and forms a retrievable basis

of information for support activities. *Communication* is a primary function of Support and Facilitation. We have, therefore, formulated various record-keeping formats and procedures to assist us in maintaining large amounts of information. A variety of standardized and anecdotal techniques are used to gather information. Ongoing documentation of PATHWAYS activities fulfills the following purposes:

Evaluation: Documentation of *child's development* using baseline and comparative data: documentation of *teacher growth* and change; recording of *parent/family progress and participation.*

Accountability: Records of conversations, commitments, events, and sequences of activities are maintained to provide an ongoing record of interactions and to clarify decision making.

Coordination: Accurate information about our program and participation of involved individuals is vital for communicating and cooperating with other agencies. We also document the existence and impact of other services.

Program Planning and Improvement: Assessment information and documentation/revision of plans for children contribute to ongoing program planning of classroom, staff development and parent support activities. Ongoing records of a child's experience, for instance, provide important data for the receiving teacher. Documentation enables us to "learn from the past."

Retrieval: PATHWAYS staff and the PATHWAYS files serve as a clearing-house for information about trends, methods, needs and effective approaches in the integration of young handicapped children. Our documentation efforts enable us to retrieve and utilize large amounts of relevant information.

Education and Dissemination: By documenting program activities, growth of participants and outcomes, we are able to translate PATHWAYS functions into usable data for other programs. Our documentation also enables us to utilize our findings to modify our own practices, given periodic analysis of program activities and results.

The quantity of information collected is awesome; the quality is above average, perhaps because of the university-based nature of the program. The following types of information are collected by the PATHWAYS Project as part of the ongoing documentation process:

Children:

- - California Preschool Social Competency*
- - referral information*
- - individual negotiation of placement
- - IEP--Individualized Educational Program*
- - placement information--Child Behavior Checklist*, transition data

---

*Items appear in Appendix.

- - Classroom Socio-Observations*
- - IEP revisions
- - Anecdotal Summaries*
- - recommendations
- - Marshalltown Profile
- - McCarthy Scales of Children's Abilities
- - Learning Accomplishment Profile (LAP)

Parents:

- - referral information*
- - enrollment information
- - PATHWAYS information sheet*
- - Child Behavior Checklist*
- - release forms
- - informed consent
- - IEP*
- - Anecdotal Summaries*
- - record of participation
- - record of contacts
- - parent impressions of program*

Teachers:

- - Survey of Terminology (Knowledge)
- - Teacher Development Checklist*
- - Anecdotal Record of Contacts
- - library use
- - Dissemination Record
- - Evaluation of Integration* (also support staff)
- - Anecdotal records of consultations and services provided
- - Integration Opinionnaire*

Agencies:

- - referral form
- - release forms
- - PATHWAYS information sheet
- - anecdotal records of contacts
- - Integration Opinionnaire*

*Items appear in Appendix.

DEMONSTRATION

The processes that comprise the demonstration component of the PATHWAYS model are:

- - On-site visitation
- - Formal and informal evaluation
- - Project staff development
- - Management and administration

The resultant outcome of these processes is the creation and articulation of the PATHWAYS model in the settings administered by this project.

On-site Visitation

The PATHWAYS Project is a demonstration project, and staff are very eager to give individuals an opportunity to view the program. The Early Childhood Laboratories at Michigan State University are training and research sites for students from a variety of disciplines, as well as exemplary early childhood programs in their own right. The number of visitors to each facility is well above 300 each year. These visitors represent local, state, national, and international interest in early childhood programs.

Professionals visiting the program are invited to observe and participate in a variety of ongoing functions of the Laboratories. The type and quantity of observation and participation is planned according to the nature of the visitor's interest. A variety of methods may be used to demonstrate the PATHWAYS model. A visitor may enjoy a guided observation of an integrated early childhood classroom, where detailed information can be provided about program planning and implementation. Answering questions is usually the major substance of a guided observation. Participation with the children in the ongoing program is another method for individuals to become familiar with the model. Professionals are often scheduled to visit on days when staff meetings occur. Through attending these meetings, the visitors can gain insight into the operational aspects of the program, should they desire to replicate or adapt aspects. Interested persons are encouraged to visit, as the staff enjoy the opportunity to demonstrate the program. Most visitors find their involvement with the labs an interesting and informative experience.

Preparation of the site for demonstration

The staff of the Early Childhood Laboratories and most of the local Community Centers participating in our PATHWAYS project are hired with full knowledge that their classrooms are open to observation. Ordinarily, staff and children quickly accomodate to the presence of visitors. The children usually ignore visitors, the staff usually smile at them.

We plan our demonstration visits with consideration given to teachers'

hours and schedules for the day. As part of a university training program, we have many students participating and observing. Sometimes, there simply is not a convenient corner available for a visitor to observe. Keeping aware of convenient times and days can be a challenge, so we update this information frequently, as often as every six weeks.

The Early Childhood Laboratories have a long history of functioning as demonstration sites; the staff have learned small, but important details regarding preparation of the preschool rooms which promote effective visitations:

-Identify a place for the coats, boots, purses, briefcases and (occasionally) suitcases belonging to the visitors.

-Post at adult eye level:
--the schedule detailing times for each part of the children's daily school routine
--lesson plans/concepts for the children's program that day
--children's first names and ages (children wear name tags with their given names printed boldly on them)
--visitor positions - "spots" in each room which are away from the children's routes between areas of the room, but provide an ideal overview of the room
--optional: ideas for extending play and/or smoothing transitions posted in appropriate areas of the room, posted child behavior/adult behavior limits for an area (these are phrased in the language teachers use when redirecting behavior).

The Demonstration Visit

When scheduling the visit, we provide pertinent information about the program which fits the interests of the visitor. Some people are interested in philosophy and teaching strategies, others perhaps focus on child/adult ratio. Some may wish to know the nature of an integrated child's handicapping condition, others the parent involvement aspect, and so forth. We have written materials which may supplement observations; these may be discussed or mailed at the request of the visitor(s).

Prior to the visit, we provide parking/location information as well as arranging for an informed host or hostess to greet the visitors and escort them, relaying background information and answering their questions. The head teacher(s) and directors at observation sites are notified ahead of the date, time, and nature of the demonstration.

We pay particular attention to arranging an observation time which presents a realistic overview of the program. For a visitor to observe only nap, or only child-initiated activity times, or only adult-initiated activity times, would certainly leave an inaccurate impression of the PATHWAYS model.

Plans are made for written and/or verbal opportunities for observers to reflect their impressions of our project and our demonstration process. Records

are kept, indicating *who* utilized the demonstration capabilities of the project and *why*. This follow-up process yields valuable information regarding requirements in terms of space, materials and staff to maintain an effective demonstration program.

Formal and Informal Evaluation*

Evaluation is an integral component of the PATHWAYS model serving to demonstrate both progress and effectiveness of the program. Formal and informal evaluation processes are used to provide information for program implementors to assess the targeting and impact of day-to-day operations. Evaluation data is used to help communicate among staff and between the project and parents to support programmatic decisions and revise directions. Evaluation also serves as an administrative aid in allocating resources and adjusting procedures. Upon moving into a more concentrated dissemination mode, evaluation data will serve as a critical legitimizing factor in supporting this option as a viable alternative educational strategy for young handicapped children.

The primary philosopy guiding the planning of the PATHWAYS evaluation component is that *participants will be integrally involved in designing and implementing evaluation activities.* By creating an atmosphere of shared responsibility, evaluation is an accepted part of involvement in the project. Results are openly communicated and utilized by all. The evaluation coordinator is a staff member in daily contact with the project rather than an outside agent. This also serves to integrate evaluation with other on-going tasks.

Evaluation strategies have changed over the period of implementation of the project. These changes have reflected a striving to reduce record keeping tasks, to focus information needs, and to minimize the time spent in evaluation and maintain manageability. The evaluation plan for the project has not been research oriented (comparative) but rather demonstration oriented (descriptive). A demonstration approach to evaluation was consciously chosen to support and involve the decision makers and participants in the educational programs and communities being served.

The evaluation component of the PATHWAYS model includes processes of data gathering and analysis addressing each of the main target groups for project involvement: handicapped children, typical children in integrated classrooms, parents of both typical and handicapped children, teaching and support staff, and to some extent, the larger community having contact with the project. Both formative and summative evaluation processes are involved to correspond to the following evaluation objectives:

- - To document and critique specific components of the PATHWAYS model
- - To measure satisfaction with the PATHWAYS Project
- - To measure progress or impact on key participants in the PATHWAYS Project

---

*Elaboration on three year evaluation data is included in the "Accomplishments to Date" section of this report.

The specific evaluation tools used to describe involvements and measure impacts on target groups are summarized in Table 5.

Child Component

A primary weakness of the assessment strategies used during year one was a lack of data which allowed comparison with other groups. This weakness was partially overcome by the inclusion of a norm-referenced test in the assessment battery for pre/post data collection in year two. The Marshalltown Profile was chosen for its ease of administration, wide age applicability and history of developmental validity. Teachers found in to be helpful for planning purposes and it did provide a normative DQ for evaluation purposes. In year three a different strategy was employed. The Learning Accomplishment Profile (LAP) was chosen as the project-wide assessment tool as it provided a greater range of behaviors to help in planning teaching objectives/activities. To compliment this instrument, the McCarthy Scales of Children's Ability, a normed and standardized intelligence test, was administered to selected children. The Social-Emotional Rating Scale used with the Marshalltown Profile in year two was also replaced by a slightly adapted form of a norm referenced social competency test, the California Preschool Social Competency Test. Parents were again invited to participate in the early assessment and goal setting process.

As this plan began to be implemented it soon became evident that the McCarthy Scales could appropriately be administered to only a small group of PATHWAYS children due to limited developmental range and even those children's efforts were not being reflected in McCarthy scores. Thus, the McCarthy scales were not found to be useful. Likewise the LAP when used to derive normed DQs was quite arbitrary and subjective. It did not provide a solid basis for documenting change in developmental age. Thus the Marshalltown may have been a better choice, had we but known!

The year three* assessment battery for the child component consists of:

- - Learning Accomplishment Profile (LAP)
- - California Preschool Social Competency Test
- - McCarthy Scales of Children's Ability
- - Anecdotal records focusing on child's progress in pursuing MAP-IEP and general integration into the classroom
- - Classroom socio-observations
- - Parental intake questionnaire

Staff Component

The primary need identified for the staff assessment component was a means to assess teacher baseline and change data relating to competencies, attitudes and needs. This is discussed in another section.

The "Evaluation of Integration" instrument is used to provide feedback from the teaching staff concerning the generalized integration model, not specific staff or child behavior. Both the Head Teacher and support staff versions were revised to include more specific information about the respondent,

*Data on prior years is included in the Accomplishments to Date section.

more explicit directions and a greater breadth of information concerning the child's early adaptation to the classroom. In this new format the version is only applicable for use during the early months of the child's enrollment. A briefer version is used for six and nine month follow up.

The staff component assessment battery consists of:

- - Teacher Development Checklist
- - Periodic ratings of support services
- - Anecdotal records concerning consultations and services provided (maintained by case facilitators and center directors)
- - "Evaluation of Integration" instrument
- - Integration Opinionnaire

Family Component

A general feeling of the staff has been that a more objective, less time consuming way to gather family data was needed. Teachers are presently keeping systematic records of parental contacts (parents of the handicapped child) and parental satisfaction with the program is being monitored through teacher conferences.

The process of interviewing a sample of parents during year one was felt to be very valuable, but perhaps not very realistic when federal funding is discontinued. Therefore a questionnaire format to elicit parental satisfaction and change was used in year two.

The family component assessment battery for year two presently consists of:

- - Parent intake questionnaire
- - Parent participation records
- - Parent evaluation of program

Management/Dissemination Component

The two primary needs for assessment with this component consist of a way to document dissemination activities and a process to monitor administrative processes. In the first instance the record keeping forms used during year one were reviewed, revised and disseminated for staff use in recording ongoing dissemination activities. An additional concern with dissemination is to identify the depth of acceptance of the VIEWPOINT or philosophical viability of the PATHWAYS model among educators, legislators, service providers and the public. To this end a pilot version of an "Integration Opinionnaire" was distributed to over 160 individuals. The revised version has been in use since Fall 1978. (See Appendix.)

Two processes have been implemented to monitor administrative practices. The first is the implementation of the TADS (Technical Assistance Development System, University of North Carolina, Chapel Hill) program plan checklist that has been found useful in identifying project needs and priorities. The second is an internal reflection process that has been informally and formally occuring during the staff meetings. Due to the climate of the staff relationships, continual review of procedure takes place informally. Periodically these informal perceptions are formally discussed. Action to remedy or study specific weaknesses

are formulated and carried out as needed.

Thus, the assessment of the Management/Dissemination component consists of:

- - Records of dissemination activities
- - TAD's needs assessment
- - Periodic staff review

In order to provide an overview of the evaluation component as it has been conceived and operating, Table 5 has been developed. Those evaluation activities listed in the "process" column correspond to the general objectives for the evaluation of the Project listed in the left hand column.

Table 5

Evaluation Component, Pathways Project

Evaluation Objective	Target for Evaluation	Process
1. To document and critique the integration model.	Identification, referral, placement process	Records of the activities/children served
	Familiarization, assessment/program planning process	Review of processes
	Staff training and support services	Student/staff "Evaluation of Integration" Instrument
		Teacher Development Checklist
	Family involvement	Parent participation records
	Community linkages	Integration Opinionnaire
	Advisory structures	Integration Opinionnaire
	Administration, management	TADS program plan checklist
		Periodic review
	Dissemination activities	Dissemination records

Evaluation Objective	Target for Evaluation	Process
	Evaluation component	Integration Opinionnaire
2. To measure satisfaction with the Project	Parents of special and regularly enrolled children	PATHWAYS information sheet
		Parent/teacher conferences
		End-of-year parental questionnaire
	Teachers and support staff	Support services ratings
		Head teacher "Evaluation of Integration" Instrument
		End-of-year staff questionnaire
	Participating Centers and service providers	Comprehensive participating center evaluation questionnaire
3. To measure progress or impact on participants	Special children: change in functional behavior, concept or skill	Marshalltown Profile
		McCarthy
		Learning Accomplishment Profile
		Social Emotional Rating Scale
		California Preschool Social Competency
		MAP/IEP progress records (anecdotal records)
		Classroom Socio-Observations
	Regularly enrolled children: acceptance and quality of interactions	Classroom Socio-Observations

Evaluation Objective	Target for Evaluation	Process
	Teaching staff: change in knowledge base, competency to plan and implement individualized programs, attitudes toward integration	Records of services/ consultations
		Survey of Terminology (Knowledge)
		Teacher Development Checklist
		Integration Opinionnaire
		End-of-year teacher questionnaires
	Families of special children: ability to interface with supportive services and ability to provide supportive environment for special child	Anecdotal records
	Families of regularly enrolled children: acceptance, support of integration efforts	End-of-year parental questionnaires
	Participating centers: changes in attitudes, practices regarding children with special needs	Integration Opinionnaire
		Anecdotal Accounts
	Larger community: changes in acceptance of the viewpoint by professionals and public in contact with Project	Integration Opinionnaire
		Record keeping related to type and degree of staff involvement
		Number of children referred

Project Staff Development: Idea Generation

The PATHWAYS model has evolved from the minds and hearts of the people who have been involved in the creation and implementation of the project. Key among these people are the PATHWAYS staff, an interdisciplinary group of educators with varying backgrounds serving multiple roles in the project, the University and the community. PATHWAYS has served as a vehicle for these committed individuals to articulate a specific philosophical position and to merge a variety of individual efforts into a humanistic, people-centered ecological model for educating young children.

In the third year, the project staff numbered ten, only two of whom were full-time. A model of part-time PATHWAYS responsibilities, merging with other ongoing responsibilities, is seen as a management system that has high demonstrability for the real world. Aspects to be adapted or replicated, therefore, also include the management system.

Participation in the often frustrating tasks of designing, mobilizing, and reinforcing the multiple aspects of the project has been growth producing for those involved. The project administrative style has been one of participatory decision-making and group problem solving. This type of administration is time consuming and often perplexing, but has merits in forcing involvement and maximizing individual initiative and support. The PATHWAYS model thus demonstrates a synthesis of many ideas and approaches that cannot be credited to any one person. It is a group creation and continues to evolve based on group consensus.

In the process of participating on the PATHWAYS staff, some very specific learning experiences have influenced the staff and shaped the developing project. Primary among these have been the TADS supported program review processes and consultant visits/conferences. Opportunities for nationally prominent figures to interact with the staff have thus been created. These have been invaluable opportunities--challenging some "in-house" thinking, catalyzing creative ideas, and reinforcing ongoing commitments to serve children and families in new and sometimes not-yet-accepted ways.

Finally, an immeasureable amount of growth has occurred among staff through involvement in PATHWAYS advocacy and dissemination activities. Staff at all levels have been placed in positions where they are able to defend the PATHWAYS model, be it to parents, fellow teachers, school administrators, legislators, or others. Such defense grows into active advocacy for the PATHWAYS viewpoint and has created confidence and pride among staff in being able to speak to an educational alternative for young handicapped children, philosophically consistent with personal and professional values.

Management/Administration

The primary management style of the Project has been one of team involvement dominated by a group process orientation with horizontal authority and communication networking. A humanistic approach has been operationalized in the staffing and management philosophy; staff are placed in positions that allow for and support individual growth. Roles have been created allocating responsibility to challenge individual growth within a support system of shared problem solving.

The Advisory Council, consciously chosen to represent most systems interfacing with the project, has been an active voice for the PATHWAYS viewpoint, and has provided invaluable inputs into the project from varied points of view. Individuals in the group task forces (subcommittees) have helped to carry out key functions for the project, and have served as both sounding boards and generators of ideas and alternatives. The support of these individuals has not only helped the project evolve, but has also helped the project to gain status and to demonstrate visibility in the community.

Since the initial selection of members of the Council was accomplished with great care, there is no intention of revising the Council. Invitations to participate in the Council were sent to 45 individuals. We had anticipated that a smaller number would accept, but 43 of the 45 indicated pleasure and interest. The number has stayed the same, but there has been some turnover due to relocation. The initial criteria for selection of Advisory Council has not been revised and is as follows:

Objectives - establish and maintain an advisory council to provide advice in professional and community areas, as well as to provide linkages to the larger scope decision-making structures.

Activities - from a broad spectrum of individuals, select between 15-25 who have at least two of the following:

a. a child that has been involved in pre-primary education
b. past or present experience with the ECL system at M.S.U.
c. prior contributing service in an advisory capacity
d. a direct linkage to decision makers at State Department of Education level
e. a direct linkage to at least one local, state or national organization for young children - "special" or "normal"
f. a child identified as "handicapped"
g. a child identified as "at risk" to become handicapped
h. an interest, knowledge and willingness to work on legal issues
i. a professional role that includes actual personal contact with young children with compromising conditions
j. a professional role that includes actual and regular personal contact with parents
k. a presenting state that includes an identified "handicapping condition"

Critical input, incorporated in project management decisions, has been received from a variety of students, faculty, researchers, service providers, parents, and children who have been involved in the project or have reacted to the project. Their feedback has been solicited, welcomed, and evaluated. It has taken an open management style to facilitate these adjunct involvements in the project and a receptive administration to receive and incorporate their feedback.

The project staff believe totally in an open system of communicating and working, thus visibly demonstrating to all involved our commitment to a VIEWPOINT and PROCESS. Demonstration takes place during on-site visitations, in the process of evaluation, in Project staff development activities, and in management/administrative actions.

ADVOCACY

A major aspect of the PATHWAYS system is what we've chosen to call Advocacy. Our efforts in this area are designed to reflect progress toward the goal of: increasing the known and *operational* options for the educational care of the young handicapped child. We are concerned with alerting and influencing educational decision makers concerning the additional option of integration. It is they who must determine how to spend federal and state monies and how to accommodate the needs of the preschool handicapped child. At the preprimary level the option to integrate handicapped children into early childhood programs is close to nonexistent, even with federal and state mandates. We believe integration is viable and necessary, and many families with young handicapped children seem to agree. We, therefore, "advocate" for this option.

Advocacy is our attempt at speaking on behalf of young handicapped children and their families. As advocates for program alternatives for young handicapped children, we disseminate information about the feasibility and effectiveness of the PATHWAYS model. The information we disseminate concerns two different aspects of our model: the PATHWAYS viewpoint and our process.

VIEWPOINT in many ways can be considered theory or philosophy: it includes the views that we hold dear and that we earnestly and actively attempt to share with others. We have built a system and model program(s) for integrating young handicapped with nonhandicapped children and are constantly evaluating program efforts. Thus the VIEWPOINT consists of: the *assumptions* about what ought to be done for this target audience of young handicapped children--what constitutes good learning experiences for them, where those learning experiences can occur, assumptions about what is good for nonhandicapped children in the same situation, and assumptions about the constructive types of things that can be done by human agents for families and for related regular and special education personnel.

VIEWPOINT or philosophy also includes an image of what such assumptions look like when made into programs. The imagery consists of how we (the PATHWAYS staff and the integrating teachers) view children, the relationships that we think exist among handicapped children and nonhandicapped children, and the image we have of the kind of leadership from adults that would facilitate the development of the handicapped child as well as the development of other children in the situation. *Imagery*, therefore, puts all assumptions into programmatic concepts.

The third part of VIEWPOINT consists of *systematically collected evidence* to support the assumptions and imagery. Each aspect is defined and an evaluative instrument found or developed to collect data on our progress toward evaluating our assumptions. This information, then, supports our imagery. In collecting data, we utilize evaluation both outside of the PATHWAYS system and from within by self assessment measures. In disseminating, we attempt to distribute this information according to the interests and needs of various target groups. A

more detailed description of specific evaluation instruments and processes can be found in the DEMONSTRATION section of this report.

The other major category of the information to be disseminated is the "PROCESS" information and knowledge, largely coming from the pilot or demonstration activities that are conducted as we have put this imagery to work in the field. In other words, the "How to Do It" of our model. PROCESSES systematically related to VIEWPOINT, but are much more targeted to real life concerns, problems and issues. These PROCESSES deal with matter such as *actual services provided, coordination of those services,* and *programming of those services* into experiences for children that can be administered and managed within various types of educational operations. PROCESSES (How to Do It) are the second category to be disseminated. The PROCESSES are generalizable enough that they might lead to several different types of programs; thus, no one standard program is being envisioned in this project. Because it is part of our VIEWPOINT that all children are individuals and have abilities and needs unique to them, the PROCESSES need to be varied and unique. We have, however, completed a handbook filled with ideas and resources related to integration.

DISSEMINATION PLAN - why disseminate?

The PATHWAYS Project Staff, with help from consultants, have evolved a systematic way of organizing and directing advocacy activities within a dissemination framework. This dissemination plan carefully addresses the question, "WHY disseminate?" The first or major concern of the project provides one of the best reasons to disseminate. That is, to increase the known and *operational* options for the educational care of the young handicapped child. The second reason to disseminate is to generate *"action"* on behalf of this goal, and the third is to share information.

Within the advocacy framework, five sets of people have been identified as those we would like to see take *action.* The *Michigan State Board of Education* and the *Michigan Legislature* are two of the groups we have identified to help effect *actions* such as changing the state law or reinterpreting the guidelines. In order that *actions* be appropriately taken by these two groups, the information provided by PATHWAYS has been primarily VIEWPOINT (philosophy) with enough of the PROCESS (real world data) to validate the feasibility of the project model.

The *school districts* (i.e., school boards, superintendents and educational professional leaders) are the third group of persons we need to help inform and encourage to take *action.* The fourth category is the *opinion groups* (i.e., statewide groups, local groups, parent groups), both organized and informal, working to influence professional and legislative decisions at local, state and national level. The PATHWAYS staff is providing these groups with VIEWPOINT information and PROCESS information. The people in these sectors need to be both articulate regarding the VIEWPOINT and familiar enough with the PROCESS to be implementors and/or supporters of appropriate implementation.

The fifth category of persons we are influencing to take *action* are those associated with local *child care centers*: in effect, the personnel and advisory

boards that form the basis for early childhood education and that make child care centers functional. For the most part, these are private nursery school and nonpublic school day care educational programs. For them, the primary dissemination effort is PROCESS information. Of course, the implementation of the PROCESS is being conducted within the background framework provided by the VIEWPOINT. But these are the implementing people, they are concerned with providing the best possible program for all preschool children and they have demonstrated a high level of interest in learning about the PROCESSES of a model that seeks to include young handicapped children.

Within this last target group of individuals we can include those connnected to the university research and training system. We are a demonstration model in the active sense of the word--i.e., those who participate in the early childhood laboratories on campus and in the community *experience* the interesting aspects of integrated settings. By modeling, labeling specific strategies, and promoting understanding of both VIEWPOINT and PROCESS, in many cases we have created advocates. Advocates who, when they leave the university setting, will help to create an additional option for the young handicapped child. Our three year evaluation data shows, with only a few exceptions, that those having experienced an integrated setting are willing on future occasions to accept at least one handicapped child in their regular classroom, and can state the conditions of acceptance. Thus, with this group, as with all targeted groups, our modus operandi is to provide experiences and information that will stimulate *action*.

The following table includes: a schematic of the five target groups, details of the PROCESS and VIEWPOINT information emphasis for each group, facilitative actions, anticipated outcomes of actions taken and delivery methods for achieving the action.

Viewpoint - large amount = A, small amount = a
Process - large amount = B, small amount = b

Table 6

TARGET GROUPS FOR ACTION

Target Groups	Facilitative Action by Target Group	Potential Outcome	Delivery Methods
Legislature A/b	-Advisory Council Membership -Support of class action suits as necessary -Explanation of legal difficulty -Recommendations to State Board -Request for Atty. Gen'l. ruling	-New or amended law -Attorney General ruling on constitutionality of tuition payment for private preschool	-Individual contact -Documentation of cost effectiveness -Visitations, demonstrations, discussions -Membership on Task Force
State Board of Education A/b	-Input by Michigan HCEEP Consortia -State needs assessment -Model contract for services -State validation -Ongoing teamwork -Advisory Council Membership	-Coordination with Social Services -Interpretation of present law to provide for flexible programming	-Individual contact -Brief presentation -Journal articles -Annotated bibliography -Work through TADS -Visitations, demonstrations, discussions
School Districts A/B	-Ongoing negotiation -Shared responsibility -Advisory Council Memberships	-Provision of tuition and transportation (as necessary) -Provision of support services -Case facilitator role adopted	-Membership on advisory structures -Involvement of increasing numbers of special education personnel -Visitations, demonstrations, discussions -Individual contact -Handbooks, guidelines, printed matter -Case facilitation
Opinion Groups A/B	-Parent and professional group advocacy -Advisory Council Memberships -State 4C Council Board advocacy	-Support of alternative integration model -Possible position statement	-Documentation of effectiveness -Pamphlets, brochures -Individual contact -Visitations, demonstrations, discussions
Child Care Centers (providers and boards) a/B	-Local level advocacy -Ripple effect through word of mouth -Advisory Council Memberships	-Negotiation to integrate handicapped children -Willingness and increased ability to provide service -Ability to work as part of team -Competence in designing IEP -Case facilitation role adopted	-Provision of supported integrating experiences -Handbooks, guidelines, reports -Inservice and preservice education -Conferences, etc. -Parent work sessions, socials, informal media presentations -Visitations, demonstrations, -Individual contact -Case facilitation

The last concern we address to complete the answer to the question "WHY disseminate?" is *information sharing*. At a minimal level this means exchanging brochures, pamphlets, manuals, etc., with other projects and agencies. Beyond that, however, *information sharing* itself can and does reach into the broader areas of concern: that of creating viable *options* for handicapped children, and stimulating *action* to overcome current policies constraining widespread mainstreaming of handicapped children into preschool and day care settings.

To this end, numerous formal and informal discussions and presentations have been conducted to provide VIEWPOINT and PROCESS information. In one six month period, informal contacts numbering over 3500 were made by thirty individuals closely connected to the project. This clearly demonstrates that an interpersonal communication network such as we have operationalized is effective in reaching literally thousands of concerned individuals. In addition, the informal nature of the presentations is likely to provide the interested individual with an opportunity to have his/her own concerns addressed regarding the project.

Information flyers have been developed; these are usually prepared for each sector in an attempt to address the concerns about handicapped children that sector represents. However, we firmly believe our informal communications network provides a more solid basis for communities to become familiar with an option for caring for the young handicapped child. This network can also provide the type of information (VIEWPOINT or PROCESS) to best mobilize individuals and groups to take *action* to develop, extend and adapt the VIEWPOINT and PROCESS to meet their own program needs.

Dissemination Techniques

Consistent with the approach of individualizing to respond to specific needs, PATHWAYS uses various techniques for presenting VIEWPOINT and PROCESS information.

Media

PATHWAYS has an extensive collection of slides representing all aspects of the support system provided. This collection has been prepared with the approval of the families of each child depicted. The slides can be used by PATHWAYS staff or loaned to others to illustrate our project and have been used for several local, state and national conference presentations.

PATHWAYS has been the subject of a documentary TV film account of integrating handicapped preschool children into existing programs for young children. This program was televised in different areas of the state during the spring months of 1978. The producer of the film (who incidentally had become aware of PATHWAYS as a parent of a regularly enrolled child) was kind enough to give the project a videotape copy. This copy is available to interested individuals. The project director appeared on a local area news program to describe the project, as part of the 1978 National Week of the Young Child effort.

Several newspaper articles have been prepared about the PATHWAYS project. Michigan State University Department of Information Services distributed a descriptive article to all Consumer Marketing Agents and Extension Home Economists for incorporation into their own publications; the continuing education office maintains updated information about the project. Both of these sources prepare information for readers throughout the state of Michigan.

Radio, too, has sought information about our program. The Project Director and members of the staff participated in a broadcast aired throughout the central lower sector of Michigan.

These contacts for presentations of PATHWAYS VIEWPOINT information through the media were *unsolicited*. At a very minimal level, we are, in effect, measuring the effect of dissemination activities by not searching for broadcast avenues. Radio, and/or press have "heard of PATHWAYS" through our informal network. We are confident our project holds interest for the general public, as we continue to receive requests to provide information for public consumption.

Written Materials

PATHWAYS staff and interested students have collaborated to produce a variety of written materials providing useful information. Some material is prepared with the idea that a personal contact with the project has built interest in more details. Some material is written for individuals and agencies in other parts of the country, who through geographical constraints, are unlikely to have an opportunity to observe the project or meet staff members. Most of what we have prepared presents VIEWPOINT, though PROCESS information is described in communications with the U.S. Office of Education, Bureau of Education for the Handicapped prepared approximately every six months. The reports themselves, because of the attention given to providing detailed information, have been widely disseminated and contain the most critical information regarding the Project. The material you are now reading was prepared for a "Progress Report" to Washington. The Handbook also is an accumulation of PROCESS information.

In response to mail requests and to feedback from presentations to large and small audiences, PATHWAYS staff have prepared two detailed annotated bibliographies, one listing resources for educators and the other resource books for children. The books for children are important resources for persons who want to help children understand more about individual differences and problem solving related to situational difficulties. Aspects of handicapping conditions are described from a child's perspective in these books. These bibliographies are included in the Handbook. For detailed information on what is contained in the Handbook, please see Appendix.

Letters requesting information are answered individually within ten days of receipt. The response letter provides pertinent information and may include some of our written materials, depending upon the nature of the request. The

letters always describe what we have available, and provide the correspondent with an accurate name and address for continued communication.

Personal Contacts

This dissemination method should probably top the list -- any list! A conservative estimate of the number of persons who have been presented information about PATHWAYS easily tops 200,000. Staff are continuously being sought as speakers for local, state and national conferences, not to mention the hundreds of students enrolled in M.S.U.'s educational programs routinely receiving information on several levels. The interest groups range from Council on Exceptional Children to National Campus Child Care organizations to family day care providers, to pediatricians. (More information is provided in the following pages.) The social/educational/political/medical systems appear vitally interested in sharing in the knowledge the PATHWAYS project's success can provide.

The telephone, too, is an awesome instrument for information sharing. There are no less than thirty calls per week, handled by a variety of PATHWAYS and adjunct staff. Although some of the questions asked by callers are not directly related to the integration of young handicapped children, all are handled carefully and respectfully, with help being provided in almost every instance. It is not unusual for the caller to sigh with relief and mention that of 37 telephone contacts, the person he/she is now talking to is "the first person who ever *listened*." But when one really cares about individuals and their expressed and unexpressed needs, listening is a natural occurrence.

Aside from our identifed target groups for *action*, we have very seldom sought to participate in any of the dissemination activities in which we have been involved for the past three years. We have, however, responded thoroughly to any requests. We are convinced that the informal dissemination strategy has created interest far in excess of our expectations. We are delighted. It is a reward, we believe, for much hard work and sincere belief in what we are accomplishing. From all accounts, our enthusiasm seems to be infectious.

Advocacy and Dissemination

The educational care of young children is very important. It has been, and hopefully will continue to be, a national priority. Young children identifed as handicapped or "at risk" to become handicapped must also remain a priority for attention. Increased high quality options must exist. We of the PATHWAYS Project believe in this completely, but we cannot by ourselves become the needed voice. We need help. Handicapped young children need help. Thus, our effort to enlist others in the ranks of advocates has been unswerving. Our contacts, both in the dissemination efforts previously described and with other agencies and organizations described in the following sections, have specifically attempted to increase the number of individuals in advocacy efforts. Thus, the over 200,000 individuals to whom we have presented information represent potential advocates.

Exchange with Other Agencies

Coordination and cooperation with other agencies is a mandated part of demonstration projects funded by the Bureau of Education for the Handicapped. It is also an extremely high priority for members of the PATHWAYS staff and individuals who work on our behalf. In the sector of coordination and cooperation we have actively and successfully sought participation.

The PATHWAYS Project is managed within the Institute for Family and Child Study at Michigan State University. The Institute has, as a major part of its mission, the facilitation of interdisciplinary efforts and interactions. Thus, "coordination" on the part of staff is both valued and encouraged. In the complex transactions that appear to surround and intermesh with the family system of the young handicapped child, it is appropriate that this project should seek to coordinate. In fact, seven of the project staff have had the word "coordinator" as part of their title.

Our model does not specifically provide direct service to young handicapped children. It is a technical assistance model. As such, we must solicit the cooperation of agencies and individuals who do serve young handicapped children directly. Exchange includes at the very least: mutual referral making, mutual staff educational/training experiences, mutual advisory functions, and mutual responsibility for children's programming.

We are also aware that systems exist at all levels; thus, it is insufficient to cooperate only with local agencies and organizations. We must also be concerned with intermediate, state, regional and national systems that impact upon the handicapped child and family. Because our project impacts on other systems, sometimes indirectly, we must also seek to coordinate and/or cooperate with these systems, specifically: social services systems, day care systems, institutions of higher education, federally funded projects, advocacy organizations, etc. After others, we have called this process "networking," and because the network is so large, and is so vital to the goals of the project, it seems appropriate to provide more detail.

As an aside, we have not found difficulty in entering into the varying systems. People who are willing to work, to consult, to sit on boards or committees and to take on offices are almost always welcomed. Yes, it means additional work in the short run, but if, in the long run, our work can help provide a needed option for young handicapped children, then it is worthwhile. We have also found mutual benefits from cooperation. We have many individuals representing a variety of adjunct systems who belong to the PATHWAYS Advisory Council. In exchange for their advice and service, our staff have been invited to be on many advisory boards. The process of cooperating is definitely mutual.

CONTINUATION

Introduction

It is incumbent upon all HCEEP Projects to address continuation, preferably from the beginning of the funding period. So it has been with PATHWAYS, but from a slightly different perspective. PATHWAYS is located in East Lansing, Michigan, thus the state for which this project has the most direct relevance is Michigan.

In Michigan, however, there is at least one complicating factor--the presumed inability of the Department of Education and/or its subcomponents (local or intermediate school districts) to provide tuition and/or transportation to individuals attending private institutions. There are very few public school programs for preprimary aged children, thus the majority of young children who are enrolled in early childhood programs are enrolled in private nursery schools or day care centers. Parents usually pay tuition and provide transportation. In a small percentage of instances, the Department of Social Services provides partial or full tuition and/or transportation to children from selected low income families.

Therein lies the dilemma. Although the Department of Education is mandated to provide a free, appropriate public education in the "least restrictive environment" according to law*, it is not possible to provide for families the option of educating their handicapped child with "normal" peers. Unless they are able to pay for it themselves, of course.

PATHWAYS has therefore been extensively involved from the beginning of funding in trying to create, for families of young handicapped children, the option of being able to have their child placed in a regular early childhood center. This has not been an easy task, nor have our efforts been particularly appreciated by all those with whom we have come into contact.

Efforts to Date

The Advocacy section of this report contains the major amount of detail regarding our continuation efforts. We were told at the beginning by several representatives of the State Department of Education that it would be "at least 10 years" before the integration option that we were suggesting and demonstrating would be viable. Happily, the work with members of state agencies and the state legislature may accomplish our objectives in far less time. Unhappily, we are not able to report at this time what the outcome will be.

Since we were aware of the potential legal difficulties, we could not apply for HCEEP Outreach funding in Michigan. There could be no "local pick-up" of program by a school district, and the University commitment did not extend

---

*Michigan P.A. 198 and Federal P.L. 94-142.

to the community. We chose not to work in other states, even though it was strongly encouraged by our friends in the HCEEP Network and by BEH staff. We had made a commitment to Michigan and we decided to stay with Michigan, "for better or worse."

We did, however, receive funding for one year from a BEH Personnel Preparation grant. The funding basically allows us to provide in-service training and coursework to individuals in Early Childhood lead teaching situations or to students in a master's program in child development or special education. It does not allow us, however, to provide tuition and transportation to young handicapped children and their families who have been referred to PATHWAYS. This has created significant differences in our program; in the third year of PATHWAYS we served 45 young handicapped children, we now (Fall, 1979) have only nine children enrolled, with many that we are unable to serve due solely to financial constraints.

Current Status

We are awaiting the results of an opinion from the Michigan Attorney General's office. Over one year ago, Representative David Hollister asked the Attorney General to rule on the legality of payment for tuition and transportation in early childhood programs for families of young handicapped children. This, of course, would be applicable only if the school district (responsible agency) recommended placement in an integrated setting. According to Ruth Hayes, State Department of Education, the person most concerned with preprimary special education, the number of young handicapped children who could benefit from this type of placement is about 9,000 (i.e., 60% of the total population of young handicapped children).

We do not know what the outcome will be. We hope that the Attorney General and his staff will see the merit in legally providing an alternative for young handicapped children that is both economically feasible and educationally viable. Nevertheless, in the event of an unfavorable ruling, the next step might well have to be a civil suit by concerned parents. We earnestly hope this latter option will not come to fruition.

Future Dreams

We believe that we have systematically demonstrated the feasibility and effectiveness of a replicable technical assistance model for the supported integration of young handicapped children. We know we have sufficiently convinced many individuals that this model is viable. We also know that for many the notion of handicap now has a value--a value for difference and what it teaches us about ourselves.

Therefore, to us continuation is an idea and a belief. An idea that we can work together to bring about coherence between individuals and systems who might otherwise be kept apart, and a positive belief that this is a definite priority for our society. We must and will learn to live together in harmony, while we learn from each other. This is our challenge. We who hold dear the beliefs that PATHWAYS embodies extend to you an invitation to share this challenge in the years to come.

EXECUTIVE SUMMARY

"PATHWAYS: A Human Support System Model for Integrated Handicapped Children and Their Families" has been funded for three years in part by the Bureau of Education for the Handicapped, USOE, HEW, Washington, D.C. The purpose of the project was to *increase the known and operational options for the educational care of the young handicapped child.* Specifically, PATHWAYS was able to increase awareness of a previously little used option by demonstrating the *feasibility* and *effectiveness* of one particular option: the supported integration of young handicapped children into existing early childhood programs.

The project is conceptualized from a socio-ecological model, operationalized as a technical assistance support system and located within an interdisciplinary research institute. The varying groups within the ecological model include handicapped and typical children and their families; directors, teachers, and support staff of private day care centers and nursery schools; and the cooperating adjunct systems (medical, educational, transportation, etc.) with whom young handicapped children are involved. The five discrete but interrelated elements or components are as follows:

MATCH/FIT (the careful analysis of available placement options)

SUPPORT/FACILITATION (initiation and responsiveness to children, families and center staff)

DEMONSTRATION (evaluation, visitation, staff development and management)

ADVOCACY (dissemination and exchange with other systems)

CONTINUATION (comments on current and future status)

These operational components are described in the body of the Final Report.

The technical assistance aspects of the model have been formulated into an equation: MATCH/FIT + SUPPORT/FACILITATION = SUCCESS. Thus, in three years the project successfully placed and supported 82* handicapped children in an ongoing manner, and provided additional assistance to 212 on a short term basis. These children who were considered to be handicapped could be classified according to federal definition and spanned the full range of handicapping conditions, including those usually referred to as "moderately to severely handicapped." They ranged from two months to five years according to developmental age and represented most major social, ethnic, cultural and racial groups. The ratio of "handicapped" to "typical" children in each classroom was similar to the ratio found in the population of this country. That meant, for any given classroom, at least one child identified as handicapped and no more than two. The range of classroom size was 12 to 26 total children.

---

*All numbers derived from year to year totals. Some duplication inherent with continuing children, teachers or centers.

Over a three and one-half year activity period, 128 early childhood directors and teachers in 89 classrooms and 25 centers participated with PATHWAYS. Most of the directors, teachers and support staff had not had prior experience with handicapped children, although quite a few of the day care centers and nursery schools had previously accepted children with handicapping conditions. Most of the teachers were female and Caucasian and most were young (20-30); close to half had completed a bachelor's degree program, but not necessarily in child development.

As an alternative educational environment for young handicapped children, the regular classroom offered by nursery schools and day care centers was found to be viable under certain conditions. These conditions include: an existing program for children that approaches excellence, a willingness to participate in the integration process on a voluntary basis, and the possibility of additional support in the form of a teaching aide and/or an experienced and supportive resource person on a scheduled basis.

The section which follows elaborates on additional conclusions/impressions of the PATHWAYS Project based at Michigan State University.

EXECUTIVE SUMMARY:

CONCLUSIONS/IMPRESSIONS

In this section we have made an effort to briefly note that which was learned from almost four years of experience as a technical assistance support system model related to the supported integration of young handicapped children and their families. Data to substantiate and add detail may be found throughout the Final Report, but particularly in the "Accomplishments to Date" section. These conclusions/impressions have been organized around particular aspects of the ecological model: children, parents and teachers. One "additional conclusions/impressions" section is included also.

Children - The conclusions/impressions revolve around all children involved, some of whom are referenced as "handicapped."

- *Handicapped children in integrated classrooms show positive gains in rate of development over what would be the expected rate of development, especially in the area of communications, i.e., language development and interactions with others in the environment. "Moderately to severely" handicapped children as well show positive gains over the expected rate of development.*

- *The greatest changes in children's behavior and development as a result of the integrated experience are in the area of social competency--increased confidence and self-concept, improved interaction with other children, and increased ability to adapt to routines, new situations and relationships.*

- *When appropriately matched with the developmental range of regularly enrolled peers, handicapped children's social skills and social interaction behaviors are not very different from "typical" peers. Handicapped children are not socially isolated in an integrated classroom even when only one or two handicapped children are present in the integrated setting.*

- *Older children (3½-4½) expressed more curiosity and awareness about the child identified as handicapped than younger children (1½-3½).*

- *With little difficulty, many "normal" children learned a new method of communication appropriate to the handicapped child.*

- *Transition times are difficult for all children, but these times are particularly difficult for handicapped children. However, when teachers and support staff make an effort to be extra supportive (to all children) during transitions, the difficulties are significantly reduced and, in some cases, eliminated.*

Parents - These statements reflect understandings we have gained from working with both the parents of PATHWAYS and regularly enrolled children.

- *Parents perceive positive impacts for both the handicapped and regularly enrolled children in integrated settings. They believe "typical" children benefit from the opportunity to learn how to interact with children of different skills and abilities.*

- *Almost all parents of regularly enrolled and handicapped children are willing to place their children in integrated settings in the future.*

- *Parents of handicapped children perceive that they have grown in knowledge, confidence and skills of use to them in interacting with their child and in serving as an advocate for their child.*

- *Parents of handicapped children who interact regularly with typical children are better able to maintain a balanced perspective on what to expect in children's behavior.*

- *Parents are more apt to continuously contribute to a child's educational program if they have contributed or are contributing data/information, or if they are committed to specific goals and objectives.*

- *Families vary widely in the duration, intensity and timing of support that they require and desire.*

Teachers - A great deal of information is now available to us in regard to teachers. Teachers here are defined as individuals teaching in a preschool or day care center who have had experience integrating at least one handicapped child. The conclusions/impressions related to teachers are categorized into three areas: aspects related to children, aspects related to their own growth, and aspects related to the program dimensions of PATHWAYS.

Aspects related to children:

- *Teachers and classroom staff believe that a special child in an integrated classroom requires only slightly more time than the average or typical child; these time demands are quite manageable. Teachers and support staff appear to give handicapped children more attention during small group time and on field trips.*

- *Teachers believe there are positive impacts for all children in integrated settings--both handicapped and typical.*

- *Teachers do not believe that handicapped children disrupt the classroom or that it is frustrating or difficult for handicapped children to make friends and participate fully in classroom activities.*

- *Teachers believe that a supported integrated experience in most instances can serve the total educational needs of young handicapped children. They believe the regular early childhood classroom can provide the environment and modeling that stimulates learning in a handicapped child.*

Aspects related to their own growth:

- *Teacher's feelings of confidence in their ability to handle a special child increase with experience in the setting. In general, teachers felt a need for much more support when a child first enrolled in the classroom. As the child and teacher became better acquainted the teachers felt less of a need to have the case facilitator present in the classroom and were able to feel comfortable with longer time intervals between contacts with the case facilitator.*

- *Teachers and classroom staff express strong commitments toward integration and overwhelmingly state willingness to work with handicapped children in the future.*

- *Increased experience and involvement in integration were related to perceptions of increased potential for professional growth among integrating teachers.*

Aspects related to program dimensions of PATHWAYS:

- *Teachers believe that they, without benefit of special education course-work/training, can serve the needs of handicapped children as well as the needs of other children in an integrated setting.*

- *Teachers perceive the greatest gains attributable to program participation to be the ability to recognize and to acquire information about handicapped children.*

- *PATHWAYS teachers are significantly more positive in their attitudes than either Head Start (mainstreaming) or community (non-mainstreaming) teachers in regard to the integrated classroom as an alternative educational environment and about the benefits of mainstreaming for all those involved. PATHWAYS teachers are also significantly less skeptical about mainstreaming.*

- *PATHWAYS teachers are significantly more knowledgeable about mainstreaming and handicapping conditions than either Head Start or community center teachers.*

- *The amount of acceptance of the handicapping condition by "normal" children is positively related to: (a) the openness with which questions by children are answered by adults and (b) the presence of positive behavior modeling by other children and adults.*

- *Initially, teachers are apt to demonstrate differential treatment of handicapped children by occasionally setting different standards of behavior. However, when this is brought to their attention, the differential treatment is minimized or eliminated.*

- *Teachers believe that the integrated classroom presents advantages over nonintegrated classrooms for students preparing to be teachers.*

- *Teachers found the requirements of the demonstration project to be quite manageable and rated the quality and quantity of support received from project staff to be beneficial and sufficient.*

Additional conclusions/impressions - Contained herein are overall impressions, specific management impressions and miscellaneous conclusions derived upon reflection and analysis.

- *The more a child is viewed by adults with a completely open, developmental perspective, the more options are available in negotiating an adaptive fit.*

For example, the developmental perspective has allowed teachers and parents to say of a child, "He/she isn't able to do that yet," rather than a statement more like those evolving from a deficit or mechanistic perspective, i.e., "He/she can't do that." Somehow the "yet" reflects the positive and supportive feelings of those involved.

- *Our experiences reinforced the importance of withholding preconceptions about the extent of support required based solely on measures of severity of an individual's handicap and emphasized the importance of an individualized service approach.*

- *Teachers experienced in working with integrated handicapped children are better able to recognize the needs of typical children.*

- *As a result of much experimentation, analysis and soul searching, project staff conclude that standardized tests in controlled test settings administered by independent, qualified examiners do not accurately reflect the handicapped child's true abilities. Scores derived from such tests do not incorporate the variance, fluctuation and uneven pattern of growth so often observable with handicapped children. Thus, scores are often depressed or arbitrarily derived and have dissimilar meaning in terms of developmental capability compared to their use with typical children.*

- *The positive attitudes expressed by parents and teachers are considered to be essential to insure that a successful experience results for all the individuals involved.*

- *A model that emphasizes coordination, cooperation, and mutual modification requires some very special interpersonal qualities on the part of staff. The ability to be supportive without confrontation or threat is a finely honed skill that may not be personally important to all resource personnel, but that appears to make a difference.*

- *The case facilitator role, designed to decrease the number of individuals with whom families must interact and to provide an ongoing supportive person, has been an unexpectedly pleasant and positive outcome. We did find, however, that it becomes limiting and somewhat dysfunctional to have a teacher serve as his/her own case facilitator.*

- *Support exists within the local, state and university early childhood community for the programmatic option of "mainstreaming" exceptional children into existing day care and nursery school programs.*

- *It is possible for the PATHWAYS model to be adapted/replicated both at the center level and at a district level. In each case, individual variations must be negotiated, but achievement of adaptive coherence of systems is possible. Interest has been expressed by state level agencies in several instances, leading us to infer that state-wide adaptation is also possible.*

- *For each individual, center or system, a threshold of competence is necessary. By adhering to a model initially emphasizing EXCELLENCE, efforts to achieve a system of supported integration are successful. This does differ from adaptation/replication designs which emphasize randomization.*

- *Evaluation of the project is seen by all those involved as a necessary part of the program/model. However, when teachers are asked to take an extensive part in documentation, the person most concerned with evaluation should discuss needs and not the case facilitator. Initial and subsequent requests for data from teachers by a case facilitator can interfere with the goal of establishing a mutually supportive relationship if there is not adequate discussion.*

- *Evaluation of the process and outcomes of integration in early childhood should be planned and implemented from an ecological perspective. Data on developmental growth of handicapped children is a significant aspect, but evaluation of all aspects is of equal or more importance. In our opinion, this should include other children, families of handicapped and typical children, center directors, teachers and support staff, project staff, cooperating agencies, and citizens at large.*

- *The design and implementation of human support must be variable. Individuals differ in their need for support from time to time. Two interesting and necessary aspects of support emerged, however: (a) "hanging out" time by project staff with teachers, i.e., time spent together totally unrelated to project needs or demands and (b) support to project staff themselves, particularly at times when they are feeling overwhelmed. We found "retreats" and "wine and cheese parties" helped to build better relationships, improve communication, and thereby decrease (negative) feelings.*

- *"Coordination with agencies" ultimately means coordination with people. For coordination to be successful, individuals must be carefully selected and supported. This means also that careful attention to communication theory is necessary, particularly if a project wishes to introduce change into a system.**

- *The commitment to creating a name and logo for the project that would support the positive nature of alternative educational environments has had a great deal of "pay off." Seldom are special children with whom we work referred to by anything but "PATHWAYS children." The dysfunctional label of "handicapped" is only used in reports.*

---

*Those interested in systematic change may enjoy reading Rogers, E. and F. F. Shoemaker, Communication of Innovations, New York: The Free Press, 1971.

ACCOMPLISHMENTS TO DATE

PATHWAYS PROJECT
A Human Support System Model for Integrated Handicapped Children and Their Families

Institute for Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, Michigan

Final Report
Period Covered: July, 1976-July, 1979

PROFILE OF CHILDREN AND SERVICES

A total of 82 children with a variety of handicapping conditions were directly served during the three years of the PATHWAYS demonstration project. In addition, another 212 children were screened, referred for additional services or found to need support services in the classroom. These children exhibited a wide range of handicapping conditions both in terms of types of disabilities and extent of handicapment. In presenting our data, the children directly served, upon whom we have data, were divided into two groups--"mild to moderate" and "moderate to severe"--to describe the extent of each child's disability. The division into these two levels is an approximation based on: the degree to which the child's handicap intefered with his/her adaptive functioning, the extent of development delay as compared with age peers, and medical or diagnostic labeling of the child.

The extent to which PATHWAYS staff delivered support services (i.e., classroom adaptation, parent participation, parent support and agency interaction) was not directly related to the extent of the child's handicap but was influenced by the total ecological framework (e.g., other stresses on family functioning, personalities of individuals involved, adequacy of the match-fit between child and classroom). The only grouping of children that tended to require more support of classroom staff, parents and other professionals working with the child was composed of children who experienced emotional/behavioral difficulties in addition to their area of handicapment. This refers particularly to those children with perceptual problems who would evidence distress (crying or acting out) during transition times, changes in daily schedule, field trips, etc. and the children who were tactilely defensive. But, even in this area, the need for support was strongly influenced by teacher personality, knowledge and experience.

In general, teachers felt a need for much more support when a child first enrolled in the classroom. As the child and teacher became better acquainted the teachers felt less of a need to have the case facilitator present in the classroom and were able to feel comfortable with longer time intervals between contacts with the case facilitator.

Our experiences reinforced the importance of withholding preconceptions about the extent of support required based solely on measures of severity of an individual's handicap and emphasized the importance of an individualized service approach.

FEASIBILITY

Although programs for young handicapped children may show evidence of producing desired effects, if they are not also acceptable and practical the will not be widely adopted. To address these concerns, operational, philosophical and economic feasibility will be discussed.

A case in point: there is much lip service paid to the concept of "mainstreaming." It does appeal to our ideal sense of individual rights and equal access. However, when addressing the actual mechanics of how-to-do-it, less enthusiasm is expressed. The PATHWAYS project staff have attempted to address some of the issues and concerns commonly heard in discussions about "making mainstreaming work."

1. Does it take more teacher time?

It is often anticipated that "handicapped" children will demand unreasonable amounts of staff time, conceivably to the detriment of the other children in the classroom. Our experience with PATHWAYS suggests that this is not the case. Teachers and assisting teachers/students were asked (after 10 weeks) to rate the amount of time the "handicapped" child requires in the classroom compared to the "average" child. Varying "typical" activities were rated, as well as an "in general" category. A five-point ordinal scale was provided: (1) indicates "less attention than other children" and (5) "always needing extra attention." The midpoint (3) is "a little more attention, but quite manageable." Data from 1976-79 are presented in Table 7.

Table 7
Teacher/Staff Ratings of the Amount of Extra Attention Required by a Handicapped Child in Various Activities
1976-1979

Activities	Teachers N = 52 $\bar{X}$	Assisting Teachers N = 386 $\bar{X}$
During free play	3.33	3.14
During snack or meals	3.56	3.37
During large group time	3.54	3.25
During small group time	3.86	3.32
During transitions	3.52	3.28
During field trips	3.74	3.59
Outside on playground	3.24	2.95
In general	3.84	3.37

Based on the experience of these teachers, the "handicapped" child seems to require only slightly more attention than other children. These estimates, however, represent contact time with children only. What about the time spent in planning and consulting with other professionals?

The most time consuming activities of this type reported were in keeping records/assessing progress ($\bar{X}$ = 4.44, s.d. = .71), and in communicating with staff ($\bar{X}$ = 3.72, s.d. = 50) and parents ($\bar{X}$ = 3.62, s.d. = .71). In spite of these additional time demands, however, teachers were supportive of the integrated experience, particularly with value seen for both "handicapped" and regularly enrolled children. With positive feedback in the form of visible change in children's behavior and staff support, teachers are accepting and enthusiatic about the experience.

Teachers from community centers rated the time demands of special children slightly higher during transitions and on the playground compared to campus staff. On the other hand, campus staff rated the time demands during small group time higher than community centers.

Table 8
Head Teachers Ratings of the Amount of Extra Attention Required by a Handicapped Child in Various Activities Comparions of Three Locations 1978-1979

	Campus N = 13		Lansing N = 6		Kalamazoo N = 10	
	$\bar{X}$	s.d.	$\bar{X}$	s.d.	$\bar{X}$	s.d.
Free play	3.45	.58	3.38	1.19	3.29	.59
Snack	3.94	.83	3.44	1.13	3.65	.70
Large group	3.68	.62	3.88	.83	3.63	.72
Small group	4.23	1.15	4.13	.64	3.88	.78
Transitions	3.55	.67	4.11	.60	4.00	.71
Field trips	4.09	1.11	3.86	.69	4.69	1.30
Playground	3.39	.61	3.75	.46	3.82	1.07
In general	3.74	.56	4.25	.46	3.76	.56
Keeping records	4.45	.74	4.88	.35	4.25	1.06
Communicating with staff	3.63	.60	3.88	.64	3.41	.71
Communicating with parents	3.46	.61	4.13	.35	3.35	.70

The differences reflected across the locations are admittedly based on small samples. These differences most likely relate to: differences in the handicapped children, differences in regular class composition, differences in case facilitators/resource personnel, and differences in teacher knowledge, experience and attitudes.

2. What about impacts on the other children?

Most teachers and parents involved with PATHWAYS would say that the presence of young handicapped children in regular early childhood programs has positive implications for all children. Where else would children who are naturally attracted to finger plays learn simple signs through music and/or stories along with hearing impaired children? Where else would children eagerly identify unique characteristics about themselves to show that every individual is special? Where else can children feel free to ask questions about handicapments and participate in simulated experiences to understand the impact of handicapments more concretely? These experiences occurring in everyday routine ways cannot help but dissipate the fear and uncertainty surrounding the difference presented by handicapped children. For the handicapped child too, these open communications with peers help pave the way for acceptance and pride in one's own unique capabilities.

In fact, parents repeatedly mentioned this increased tolerance and acceptance of differences as one of the reasons for supporting the integration effort. On a 16-point continuum, parents and teachers rated the impact of the handicapped child for all children as being very positive as indicated by means in the range of 11 to 14 [see Table 9- (16) indicates "very positive," (12) "positive," (8) "neutral," (4) "negative," and (1) "very negative"].

Table 9
Rating of the Impact of Having a
Handicapped Child in the Classroom
1977-1979

Impact on:	As Rated by:		
	Parents of regularly enrolled children N = 119 $\bar{X}$	Parents of special children N = 27 $\bar{X}$	Teachers N = 48 $\bar{X}$
All children	12.03	14.00	11.48
The handicapped child	12.90	14.11	13.92
Staff	12.44	13.46	12.60

Slightly higher mean scores suggest that all three groups of adults (both sets of parents and teachers) feel that the integrated experience has even greater advantages for handicapped children than for other children. Adults also perceived the integrated classroom to have positive impacts on staff.

3. What are the impacts on classroom support staff?

During the year, students (N = 792) from the MSU child development undergraduate program participated in integrated classrooms. The extent of their involvement varied as did prior experience with handicapping conditions. When asked to rate the effect of the integrated classroom on the student's practicum experience, laboratory teachers (N = 30) indicated that it was "an advantage" for all students ($\bar{X}$ = 4.45 on a 5-point scale). As the dimensions of the student's experience broadened and extent of their involvement with special children increased, teachers rated effects of being in an integrated classroom as "definitely advantageous."

4. What types of support services do classroom teachers need?

Consistent with the context within which PATHWAYS operates is the provision of relevant and sufficient support services to classroom teachers. Although the actual services needed are specific to individual teachers, children, and classrooms, several broad categories of "hands-on" assistance have been delineated for rating by classroom teachers. On a 5-point scale, a 4 and 5 indicate "somewhat adequate" and "very adequate" respectively while a 1 or 2 indicate "inadequate" or "very inadequate."

In all areas rated, head teachers found the assistance received from the PATHWAYS staff to be at least "somewhat adequate." They rated four categories highest in terms of assistance: (1) understanding the needs of special children ($\bar{X}$ = 4.40), (2) assessing the developmental needs of special children ($\bar{X}$ = 4.16), (3) responding to typical children's reaction to special child ($\bar{X}$ = 4.15) and (4) supporting special children's social interactions ($\bar{X}$ = 4.06). See Table 10.

Table 10
Head Teachers End-of-Year Ratings of Adequacy of "Hands-On" Assistance
1977-1979
N = 41

Category of Assistance	$\bar{X}$	s.d.
Working with parents of special children	3.91	1.28
Assessing developmental needs of special children	4.16	.97
Planning individualized programs	4.02	1.13
Responding to typical children's reactions to special child	4.15	1.00
Supporting special child's social interactions	4.06	.93
Orienting students and staff	3.85	1.05
Communicating with other agencies and services	3.86	1.08
Understanding needs of special children	4.40	.76

After participating in the project for 10 weeks and again at the end of the year, teachers were asked to rate the quality and sufficiency of support given to them by the PATHWAYS staff. To rate the quality or relevance of support, 1 indicates a "hindrance," 4 "more time consuming than it's worth," 8 "nice but not essential," 12 "a definite advantage, useful," and 16 "critical to working with the child." For rating sufficiency or amount of overall support received, 8 indicates "sometimes enough, sometimes not," 12 "enough," and 16 "plenty whenever needed."

Table 11
Quality and Sufficiency of Support
Given to Head Teachers by PATHWAYS Staff
1977-1979
N = 41

Category	Fall (1977, 1978) after 3 months		Spring (1978, 1979) after 9 months	
	$\bar{X}$	s.d.	$\bar{X}$	s.d.
Quality of support	12.69	3.04	12.67	2.74
Sufficiency of support	11.60	4.38	13.23	3.03

Initially, teachers rated the quality of support as a "definite advantage, useful." They found the sufficiency of support to be "enough" most of the time, although occasionally (especially initially) they felt there was not enough support. However by the end of the year teachers rated both the quality and sufficiency of support a "definite advantage, useful" and "enough."

As illustrated in Table 12, there were differences between three locales in the teachers' perceptions of the quality and sufficiency of support. These could be due to differences in personalities and approaches of facilitators and to the very different ratios of facilitator to teacher at the various locations. At community centers, teachers were assisted through the child's orientation period on a one-to-one basis due to delayed enrollments. Later in the year the same number of facilitators had to serve all the teachers in that locale. Thus differences in time available may account for the slightly lower ratings teachers of community schools expressed after 6-9 months.

Table 12
Quality and Sufficiency of Support Given to Head Teachers by PATHWAYS Staff by Location
1978-1979

Category	After 3 Months						After 6-9 Months					
	Campus N = 10		Lansing N = 1		Kalamazoo N = 7		Campus N = 13		Lansing N = 6		Kalamazoo N = 10	
	$\bar{X}$	s.d.	$\bar{X}$	s.d.	$\bar{X}$	s.d.	$\bar{X}$	s.d.	$\bar{X}$	s.d.	$\bar{X}$	s.d.
Quality	11.88	2.36	11.80	0	14.50	2.15	11.15	3.18	10.20	3.17	13.01	1.67
Sufficiency	9.84	3.97	13.80	0	15.70	.46	11.78	4.42	12.82	3.28	15.65	1.35

5. What are the overall reactions of teachers to participation in the PATHWAYS Project?

Initially and again at the end of each year (1977-79), all of the teachers (N = 48) were asked to rate their reactions (anonymously) to participation in the PATHWAYS Project. On a 16-point scale, 1 and 4 indicate "dissatisfied" or "somewhat dissatisfied," 8 indicates a "neutral" reaction, 12 "somewhat satisfied" or "somewhat necessary" and 16 "satisfied" or "necessary."

Table 13
Reactions of Teachers to PATHWAYS Participation

Head Teacher's Initial Reactions
1977-1979
N = 24

Category of Participation	$\bar{X}$	s.d.
Overall requirements	9.29	4.63
Placement, decision-making	11.8	4.44
Assessment process	8.69	3.91
IEP process	10.28	4.69
Role of parents	12.1	3.82
Anecdotal records	11.78	3.04
Relationship with case facilitator	11.94	4.73
PATHWAYS in-service staff development	12.00	4.40

Head Teacher's End-of-Year Reactions
1977-1979
N = 34

Category of Participation	$\bar{X}$	s.d.
Overall requirements	11.62	3.48
Placement, decision-making	13.06	3.42
Usefulness of assessment instrumentation	11.56	3.56
Assessment and planning process	12.45	2.59
Relationship with family	12.37	4.31
Overall support of families	13.48	3.07
Relationship with case facilitator	14.49	2.54
In-service for serving special children	10.36	3.87
In-service for serving typical children	10.87	2.93
Manageability of participation in PATHWAYS	13.13	2.96

Initially the teachers were least satisfied with the assessment process and the overall requirements for participation and were most positive toward role of the parents and the in-service staff development opportunities. The large variance attests to the individual differences in teachers and situations.

By the end of the year teachers were generally satisfied with all aspects of the project especially their relationship with case facilitator. They found overall demands of the project quite manageable.

6. How do professionals, parents, and other members of the community view the feasibility of integration in early childhood?

The Integration Opinionnaire was designed to elicit attitudes towards integration or mainstreaming in early childhood. Items were conceived that addressed issues of feasibility, potential benefit, parental concern, community action and educational policy. This experimental questionnaire contained 40 items with a "Likert" response format of *strongly agree, agree, disagree, strongly disagree*. It was distributed to parents, teachers, advisory council members, service providers and supporters and to a group of citizens-at-large.

Upon receipt of the questionnaires that were distributed Spring 1978, a Varimax rotated factor analysis was implemented to determine potential scales. The results are as follows:

Table 14

Results of Factor Analysis of
Items from Integration Opinionnaire
Spring 1978

N = 10

Factor Name (number of items)	Eigenvalue	% of Variance	Alpha Internal Consistency
1. Skepticism about Integration (8)	4.19	50.6	.82
2. Time demand on professional staff (3)	1.46	17.6	-.10
3. Realism of adult expectations (3)	.80	9.7	.49
4. Support for alternative educational environment (2)*	.75	9.1	.52
5. Benefits for typical children (3)**	.48	5.8	.57

*one item added
**three items added

Once these factors were conceptually reviewed, four items were added to the last two factors as seemed appropriate, and alpha reliability coefficients were computed. The only scales that are useful (in that they have acceptable internal consistency) are the skepticism, support for alternatives and benefits for typical children scales. With refinement and continued use, these scales will hopefully be useful in differentiating varying attitudes toward integration. Already they were found to be valid and reliable in a dissertation (see following).

With the experimental instrument, analyses were performed on items individually to determine the discrimination value of statements. Respondents were grouped based on their role and analyses of variance tests were performed on individual item responses to determine differences in opinions across these groups. The following sets of items (on a scale of 1 to 5) revealed significant differences at a probability level of .05 between parents, teachers, advisory council members, and citizens-at-large:

1 = Higher mean scores indicate stronger agreement with statement

2 = Higher mean scores indicate stronger disagreement with statement

Table 15

Results of Integration Opinionnaire

	Parents N = 46	Teachers N = 15	Advisory Council Members N = 18	Citizens-at-Large N = 30	Level of Significance
Teachers strongly agree[1] more than other groups:					
It is reinforcing and rewarding for parents of handicapped children to feel that their child is accepted and capable of functioning in a regular classroom.	3.39	3.80	3.68	3.55	.06
A good way to enhance people's attitudes toward the handicapped is to have children make contact with the handicapped in natural, matter-of-fact ways while they are still young.	3.61	3.87	3.79	3.33	.0004
Teachers strongly disagree[2] more than other groups:					
Handicapped children disrupt the classroom and serve as undesirable models for typical children.	3.37	3.80	3.61	3.55	.069
When only one or two handicapped children are present in a regular program, they often become isolated.	3.00	3.60	3.28	2.62	.0006
A disadvantage of mainstreaming is that it may be frustrating for a handicapped child to see other children doing things that s/he may not be able to do.	2.49	3.08	2.72	2.36	.0036
Only those typical children who have difficulty making friends will interact with the handicapped child in the classroom.	3.40	3.73	3.63	3.15	.0093
An integrated preschool experience for a handicapped child may help stimulate social and language development, but isn't structured enough to provide a total educational experience.	2.37	3.07	2.81	2.52	.0442
Handicapped children can be best served by professionals specially trained to teach the handicapped.	2.51	3.27	2.56	2.32	.0188
Most regular teachers are not able to handle a whole classroom of typical kids as well as the demands of one or two children with special needs.	2.52	3.31	2.83	2.47	.0095

Table 15 (Continued)

Advisory Council members strongly agree[1] more than other groups:	Parents	Teachers	Advisory Council Members	Citizens-at-Large	Level of Significance
It may be an advantage for parents of handicapped children to be involved with typical children so that they can keep a balanced perspective on what to expect in children's behavior.	3.16	3.21	3.63	3.30	.0283
Adult biases, stereotypes and under-estimations of special children's abilities are more likely to occur in segregated than integrated settings.	3.14	3.36	3.42	2.83	.0113
Advisory Council members disagree[2] more than other groups:					
Parents of handicapped children would rather have their children placed in special classrooms than risk potential unpleasant experiences with typical children.	2.89	3.21	3.14	2.46	.0031
Most communities are "gearing up" to support handicapped children in educational and recreational programs designed for typical children.	2.10	2.15	2.67	2.00	.0355
Mainstreaming for the special child is more important during the elementary school years than it is at the preschool level.	3.16	3.40	3.50	2.93	.0244
Parents disagree[2] more than other groups:					
Only mildly and moderately handicapped children should be placed in programs with typical children.	2.32	2.83	2.81	2.70	.0340

1 = Higher mean scores indicate stronger agreement with statement
2 = Higher mean scores indicate stronger disagreement with statement

In general, these preliminary data add additional support to the fact that teachers who have had experience working with handicapped children in an integrated classroom where support was provided (such as in PATHWAYS classrooms), are more favorable toward the whole concept of integration. Likewise, Advisory Council members who have more contact with the operationalization of integration also profess more favorable feelings toward the concept of integration as a viable educational alternative for young handicapped children.

Doctoral Dissertation Research

During 1979, Gayle Clapp, a doctoral student in the College of Human Ecology, directed her dissertation efforts* toward a comparison of teacher attitudes toward mainstreaming and children with handicapping conditions. The comparisons were made between teachers in two types of centers that were mainstreaming (PATHWAYS and Headstart) and teachers in community non-mainstreaming centers. The total useable sample was 79.

Teachers were surveyed in regard to four aspects: attitude (measured by Integration Opinionnaire), knowledge (measured by Survey of Terminology developed for study), experience--teaching in general and interacting with handicapped children--(measured by a background information questionnaire), and willingness to accept a handicapped child in a regular classroom--with variations in type of assistance offered and severity of handicap--(measured by Likert-type scale). Assessment instruments may be found in the Appendix.

The data is voluminous; over 40 tables are presented in the completed dissertation. For this report, only the significant general findings are presented. They are taken directly from Dr. Clapp's dissertation.

SUMMARY OF FINDINGS

The primary findings of this study are enumerated and underlined. Following each finding is a brief review of the results related to the finding and a discussion of the assumptions which can be made about the finding.

1. PATHWAYS teachers had significantly more positive attitudes toward mainstreaming than either Head Start or community center teachers.

Results of the data analyses show that PATHWAYS teachers more often than Head Start and community center teachers: 1) were supportive of providing educational alternatives for young handicapped children; 2) believed that young handicapped children, "normal" children, and parents of handicapped children could benefit from a mainstreaming experience; and 3) were less skeptical about mainstreaming as an acceptable educational alternative for handicapped children. The data indicate no significant differences between the attitudes of Head Start and community center teachers on any of the three factors listed above.

---

*Dr. Nancy Carlson, PATHWAYS Project Director, was co-dissertation advisor. Dr. Clapp's effort and results are acknowledged and lauded.

It can be assumed from these results that teaching in a mainstreamed classroom or center is not one of the primary factors which influence the formation of positive teacher attitudes toward mainstreaming. The significant differences in attitudes toward mainstreaming between PATHWAYS (mainstreamed) and Head Start (mainstreamed) teachers supports this assumption. The homogeneity of responses by Head Start teachers and community center (non-mainstreamed) teachers also provides a basis for this assumption.

2. There was no positive relationship between the type of center in which the teachers were employed and the amount of experience they had interacting with young handicapped children with respect to their attitudes toward mainstreaming.

A main effect was found for the type of center in which the teachers were employed at the .001 level of significance with respect to the attitudes of teachers toward mainstreaming. No main effect was evidenced for amount of experience interacting with handicapped children regarding the attitudes of teachers toward mainstreaming. Post hoc analyses of these data indicated that the attitudes of the PATHWAYS teachers were significantly ($\alpha = .05$) different than the attitudes of Head Start and community center teachers.

These findings imply that the type of center in which a teacher is employed and not amount of experience has an influence on the formation of positive attitudes toward mainstreaming. Since the PATHWAYS teachers had significantly more positive attitudes than either the Head Start or the community center teachers, it is assumed that one or more aspects particular to the PATHWAYS program and its staff are instrumental in facilitating positive attitudes among the teachers. The basic premises which form the ecological perspective from which PATHWAYS operates may provide one explanation for the differences in attitudes expressed by these teachers and the attitudes of teachers in the other two groups. First, teacher participation in the PATHWAYS project is completely voluntary. Each teacher freely chooses to accept or not accept a handicapped child into his/her classroom. Second, before a handicapped child is placed in a classroom, the PATHWAYS staff and the child's parents review and observe the child's characteristics to determine if the child is a "likely candidate" for integration and if the child could benefit from such an experience. Third, if a child is to be mainstreamed, classroom placement and a program are matched and molded (fit) to the individual needs and abilities of the handicapped child. In other words, the staff and parents discuss different classrooms (i.e., climate of the class, characteristics of the children; physical environment, etc.), teacher qualifications and personality and the type of program offered in the class to see if what is available would match or fit the developmental needs and abilities of the child. This match/fit process of placement and programing and the voluntary participation by teachers are considered by the PATHWAYS staff and teachers as very important to the success or failure of mainstreaming and to the development of positive attitudes by the teachers (Carlson, 1978). Other aspects of the project such as on-site, intra-classroom inservice training, the provision of

additional classroom support personnel, and parental support and input into the child's program help to form the ecological perspective under which the program successfully operates.

PATHWAYS' consideration of the total ecology of the young handicapped child and consideration of the needs, abilities and willingness of the teachers to accept a handicapped child are unique to this program. These factors may, at least partially, explain why the attitudes of PATHWAYS teachers toward mainstreaming were significantly more positive than the attitudes of either Head Start or community center teachers.

3. Significant main effects existed for both type of center and level of knowledge about mainstreaming and handicapping conditions regarding the attitudes of teachers toward mainstreaming.

The data revealed the same results as were noted in earlier findings regarding the differences in attitudes toward mainstreaming by PATHWAYS, Head Start and community center teachers. PATHWAYS teachers had the most positive attitudes of the three groups of teachers and the attitudes of Head Start and community center teachers were homogeneous.

The data also show that teachers with a superior level of knowledge about mainstreaming and handicapping conditions had significantly more positive attitudes toward mainstreaming than teachers with either an average or below average level of knowledge. No significant differences in attitudes were noted among teachers with an average or below average level of knowledge. Additional analyses regarding the differences in levels of knowledge among the three groups of teachers indicated that PATHWAYS teachers had significantly greater knowledge about mainstreaming and handicapping conditions than did Head Start or community center teachers.

It is assumed from these results that: 1) the development of positive teacher attitudes is, at least partially, a function of increasing knowledge about mainstreaming and handicapping conditions; 2) the more superior level of knowledge PATHWAYS teachers had, compared to the knowledge of either Head Start or community center teachers, at least partially explains their more positive attitudes toward mainstreaming; and 3) a positive relationship between the type of center in which a teacher is employed and a superior level of knowledge about mainstreaming provides a common basis for the formation of positive attitudes toward mainstreaming by preprimary teachers.

4. There was a positive relationship among the level of knowledge, amount of experience, type of assistance (support) offered to teachers, and the severity of a child's handicap regarding the willingness of all of the teachers to accept a handicapped child into their regular classrooms.

Results of analyses regarding the willingness of teachers to accept a mildly, moderately or severely handicapped child into their classrooms revealed that: 1) the type of center in which a teacher is employed does not have significant impact on the degree to which teachers are willing to accept a handicapped child into their classrooms; 2) when given as much assistance as possible, teachers at all levels of experience

and knowledge are willing to accept a handicapped child, regardless of severity of handicapping condition, into their regular classes; 3) a positive relationship between the type of center in which a teacher is employed and a superior level of knowledge about mainstreaming provides a common basis for the formation of positive attitudes toward mainstreaming by preprimary teachers.

4. There was a positive relationship among the level of knowledge, amount of experience, type of assistance (support) offered to teachers, and the severity of a child's handicap regarding the willingness of all of the teachers to accept a handicapped child into their regular classrooms.

Results of analyses regarding the willingness of teachers to accept a mildly, moderately or severely handicapped child into their classrooms revealed that: 1) the type of center in which a teacher is employed does not have significant impact on the degree to which teachers are willing to accept a handicapped child into their classrooms; 2) when given as much assistance as possible, teachers at all levels of experience and knowledge are willing to accept a handicapped child, regardless of severity of handicapping condition, into their regular classes; 3) teachers with a medium amount of experience (30 to 121 hours) are always willing to accept a mildly handicapped child if offered the assistance of an experienced resource person in the implementation of the mainstreaming process. Teachers with a high (122 to 300 hours) or a low (0 to 29 hours) amount of experience were more willing to accept a mildly or moderately handicapped child than a severely handicapped child into their programs. Severely handicapped children would not be accepted as easily as children with less severe handicaps, but are far from being rejected.

It is evident, from the above findings, that the four variables of amount of experience, level of knowledge, type of assistance offered and severity of a child's handicap all have an impact on the degree which teachers are willing to accept a handicapped child into their regular classes.

It can logically be assumed, on the basis of these findings, that the higher (greater) amounts of knowledge, experience and assistance teachers have to support them in the mainstreaming process and the less severe the child's handicapping condition, the more willing they will be to accept a child with any type of handicapping condition. However, regardless of their level of knowledge and experience, teachers are most willing to accept a child with any type of handicapping condition if offered the greatest amount of assistance. It is reasonable to assume that the degree which teachers are willing to accept a handicapped child is primarily a function of the amount or type of assistance they are offered.

The fact that teachers with a medium amount of experience were more willing to accept a handicapped child than were teachers with a high or low amount of experience may be related to the following two

factors. First, the definition of a medium amount of experience (between 30 and 121 hours) used in this study may have biased the results. Logically, 30 to 121 hours of experience is not really a great deal of experience. The divisions of levels of experience were formulated on a basis of how the amount of experience all of the teachers had clustered within the range of 0 to 3,000 hours. Second, generally people who have had some experience but not a great deal of experience tend to be somewhat over-confident in their abilities to cope with a situation, when asked, than persons who have a great deal of experience or those with little or no experience. An example of this phenomenon would be that: persons with some experience driving a car are more likely ("at risk") to have an accident than persons who have many years of experience or those who have very little or no experience driving. The experienced person tends to be more of a defensive driver who is alert to what is happening around him. The person with little or no experience tends to drive slower and be constantly aware of the rules and regulations of driving. The driver with a medium amount of experience, however, may tend to be over-confident in his/her ability to drive and less alert to traffic conditions, and therefore more "at risk" to having an accident.

An explanation for the reason why amount of experience is not a predictor of positive attitudes toward mainstreaming but has a significant influence on the degree of willingness of teachers to accept a handicapped child was suggested by Krathwohl, et al. (1964). These authors imply that an increase in knowledge is directly related to changes in attitudes but is not a predictor of changes in behavior, whereas, the combination of knowledge and varied experiences are needed in order to predict the readiness or willingness of a person to act in a manner which is consistent with his/her attitudes.

5. There were not significant differences among the three groups of teachers regarding age, sex, racial or ethnic background, parental status, or the amount of experience they had had interacting with young handicapped children.

A majority of the teachers were females (95%) between twenty and thirty years of age (61%) and of a Caucasian or white (90%) racial or ethnic background. Approximately one-half of the teachers were parents (49.4%) and one-half (50.6%) were not parents. Generally, the same number of teachers had a high, medium, or low amount of experience interacting with young handicapped children.

It is assumed that these variables have very little or no impact on the formation of positive or negative attitudes by teachers toward mainstreaming.

6. Significant differences did exist among the three groups of teachers regarding the following variables: 1) amount of education; 2) type of college degree earned; 3) attainment of teaching certification; 4) kind of teaching certification; and 5) number of inservice training sessions and college courses taken related to meeting the needs of handicapped children.

The data show that one hundred percent of the PATHWAYS teachers, 85.7 percent of the community center teachers and 67.9 percent of the Head Start teachers had attended a college or university. Fifty-five percent of the teachers had earned a bachelor's degree. Forty percent of the PATHWAYS teachers, 9 percent of the community center teachers and 7.1 percent of the Head Start teachers had earned a master's degree. Of the teachers who had earned a teaching certificate, 49 percent were PATHWAYS teachers, 36.6 percent were Head Start teachers, and 20 percent were community center teachers. Fifty-three percent of the teachers who were certified had either Elementary Education or Elementary Education with an Early Childhood Education Endorsement certification. Seventy-three percent of the PATHWAYS teachers, 68 percent of the community center teachers, and only 9.5 percent of the Head Start teachers had attended inservice training sessions related to handicapped children. PATHWAYS teachers had taken more courses related to meeting the needs of handicapped children than either of the other two groups of teachers. Community center teachers had taken the fewest number of courses in this area.

It is very likely that these variables have a significant impact on the development of positive attitudes toward mainstreaming and a greater willingness to accept handicapped children among teachers. The evidence presented in this study provides a great deal of support for the assumption that the development of positive attitudes toward mainstreaming and a willingness to accept handicapped children into regular programs is, to a large extent, a function of the development of a high level of knowledge about mainstreaming and handicapping conditions. Given that a majority of the teachers who had the most positive attitudes toward mainstreaming (i.e., PATHWAYS teachers) also had college degrees and teaching certification in Elementary Education and/or Child Development, it is inferred that the acquisition of knowledge about "normal" development of young children is highly related to positive attitudes toward mainstreaming. If teachers are able to approach mainstreaming from a developmental perspective, they, evidently, are more confident in their abilities to meet the needs of handicapped children and are more willing to accept such children into their classrooms. (Clapp, 1979)

EFFECTIVENESS

Children

Program effectiveness can be addressed from a number of perspectives. Of primary concern to most educators and program administrators is the effect of the program on the young handicapped children who are the prime target group involved in the program. The typical children making contact with handicapped children, the parents of both groups of children and the teachers are also target groups whose reactions are critical in assessing program feasibility and effectiveness.

In terms of the handicapped child, an indicator of effectiveness is the *AVERAGE CHANGE IN RATE OF DEVELOPMENT* for children over the period of an academic year. The Project staff experimented with a number of instruments to assess development. During the first year of the project, teachers chose from a number of possible assessment devices, one with which they felt comfortable. This instrument was used primarily for planning purposes and was not always norm referenced. In the second year of the project, the Marshalltown Behavioral Development Profile was chosen as a project-wide assessment tool to be used both for teacher planning purposes and to document developmental change. Two subtests, the motor and communication scales, which included cognitive and perceptual areas, were administered in the fall and again in the spring. This test is a norm referenced test commonly used in early childhood programs for handicapped and culturally deprived children. It is a compilation of items validated for age achievement by a number of accepted developmental scales such as the Gesell, Stanford Binet, Cattell and Bayley scales.

Pretest scores are used to establish an indicator of baseline age-related level of functioning expressed as rate of development (DA/Ca x 100) and difference scores at the end of the year reflect change in the rate of development over what would be expected if no intervention occurred. A score of 100 represents a normal age appropriate rate of development. For 13 enrolled children pre- and post-tested during the 1977-78 year, the average change in rate of development was +7.1 in the motor area and +10.4 in communication. Although these increases did not bring the children up to a "normal" rate of development, the developmental gap was significantly lessened.

The individual and group scores are presented in Table 16. Children are grouped into two categories for analysis: those classified as mildly to moderately handicapped and those moderately to severely handicapped. As illustrated in Table 16, the majority of children showed positive improvement in both motor and communication areas, with greater growth measured in communication. Similar levels of growth were observable for both groups of children. Growth in communication competency, which includes behavioral manipulation of both the concrete and abstract environment was understandably more malleable and responsive to the types of curricula program presented in early childhood centers. Great variability in scores existed from child to child, however, reinforcing the idea that each child brings a unique context to the intervention effort, and that each classroom is unique unto itself.

Table 16
Pre-Post Test Change in Rate of Development
As Measured by the Marshalltown Profile
(100 = normal for chronological age)
1977-1978

	Motor		Communication		Change	
Child *	Pre	Post	Pre	Post	Motor	Communications
Moderately to Severely Handicapped						
George	53	47	41	42	- 5	+ 1
Joan	93	100	22	32	+ 7	+10
Kevin	68	72	23	62	+ 4	+39
Lou	52	64	58	61	+12	+ 3
Timmy	70	78	85	84	+ 8	- 1
average	67.2	72.2	45.8	56.2	+ 5.2	+10.4
Mildly to Moderately Handicapped						
Mary	72	92	91	92	+20	+ 1
Elaine	96	123	67	103	+27	+36
Andrea	78	71	96	102	- 7	+ 6
Patsy	52	66	97	99	+14	+ 2
Felix	121	124	110	115	+ 3	+ 5
John	103	87	97	124	-16	+27
Conrad	80	87	98	109	+ 7	+11
Terry	77	87	90	88	+10	- 2
average	84.9	92.1	93.3	104.0	+ 8.3	+10.4

In the third year of the project the Learning Accomplishment Profile (LAP) developed at the University of North Carolina was chosen for project-wide use as this profile was seen to have more value for teacher planning (i.e., pinpointing strengths and weaknesses) than the Marshalltown Profile. The LAP also provided a norm referenced score that would represent rate of development as computed by DA/Ca x 100. In addition to this teacher-administered assessment, an independent, trained, learning specialist administered the McCarthy Scales of Children's Abilities to eight children who appeared to fall within the developmental range of the instrument.* Unfortunately, the one severely handicapped child tested using the McCarthy scored so low during both the pre- and post-testing that her score was below the normative range and therefore unusable to document change. Three other children's scores were unusable because of situational difficulties that invalidated the test setting. Of the four children with usable scores, variation in their change in rate of development is noted on Table 17. They averaged seven points of growth over what would be expected due to maturation only.

Three of those four children scored similarly or slightly higher using the LAP. As illustrated in Table 18, average growth from 7 to 16 developmental units were noted in most areas of development for the mildly to moderately handicapped children with similar gains noted for the moderately to severely

*Names throughout are fictitious to preserve anonymity.

handicapped children. Fine motor and language skills showed substantial change for both groups with self help skills showing pronounced gains for the more severely handicapped children.

When preparing these data in tabular form, the children with more than six month lapse time from pre- to post-testing were separated from those with less time in the program. When comparing scores from the two groups, however, surprisingly large changes in rate of development were observed among those mildly to moderately handicapped children enrolled for less than six months.

Table 17
Pre- to Post-Test Change in General Cognitive Development
As Measured by the McCarthy
(100 = Normal for Chronological Age)
1978-1979

Mildly to Moderately Handicapped	Fall	Spring	Change
Louise	+50	69	+<19
Jake	59	63	+4
Ned	76	76	0
Nils	110	114	+4
average	73.8	80.5	+6.7
Moderately to Severely Handicapped			
Lynn	+50	+50	N.A.

Table 18
Mean Change in Rate of Development
As Measured by the "Learning Accomplishment Profile"
1978-1979

Children	N	Gross Motor	Fine Motor	Self Help	Language	Cognition
More than 6 month lapse time:						
Mildly to Moderately Handicapped	7	+7.83	+10.86	+1.43	+16.43	+9.43
Moderately to Severely Handicapped	3	+9.5	+10.67	+22.0	+9.33	+7.67
Less than 6 month lapse time:						
Mildly to Moderately Handicapped	5	+22.6	+12.2	+16.4	+25.0	+8.4
Moderately to Severely Handicapped	3	-3.0	+22.0	-.3	+17.3	+13.67

In analyzing and discussing these results, the following explanation is proposed: fast, immediate gains of new skills upon entry into the integrated setting are almost unanimously observed. This period of rapid gain is followed by a period of practice and refinement of skills which is then followed after six months by another growth spurt. For those children entering in early fall, the initial growth spurt is not documented in the change score, since approximately two months lapsed before teachers were trained and ready to pre-test. Children entering later, however, were tested during initial entry, thus their data reflect this period of rapid change.

In the second and third year of the project *SOCIAL DEVELOPMENT* was measured using different instruments. A Socio-Emotional Development Rating Scale, developed by the PATHWAYS staff as an adaptation of the Circle Preschool criterion referenced instrument, was used in the second year to document children's functional ability to adapt to and constructively interact with the social environment of the classroom. Teachers and case facilitators jointly rated each child at the beginning and end of the year on six subscales using a 3-point rating scale (rarely, sometimes, always). The average percent of change from pre- to post-testing, illustrated in Table 19, represents the change in the average percent of item units achieved across children in the two groupings.

Children showed an approximate seven percent improvement in social-emotional development. The improvement occurred rather consistently across subareas, with inner controls still presenting a great need for improvement. Adjustment in school and self-concept were areas of special concern for integration efforts. These areas did show acceptable initial and follow-up ratings, helping to insure a successful experience for the children involved.

Table 19
Pre- to Post-Change in Percent of Units
Achieved on Socio-Emotional Development Checklist
1977-1978

Subset of Items (potential number of units)	Moderately to Severely Handicapped N = 5			Mildly to Moderately Handicapped N = 8		
	pre	post	average % of change	pre	post	average % of change
Adjustment to School (21)	80.8	90.4	+9.6	83.3	85.8	+2.5
Interaction with teacher (27)	76.4	79.6	+3.2	79.6	85.8	+6.2
Self concept (26)	63.4	68.4	+ 5.0	74.1	80.8	+6.7
Interaction with other children (36)	52.6	61.0	+ 8.4	68.3	72.9	+4.6
Interaction with materials (12)	70.0	73.2	+ 3.2	80.3	87.5	+7.2
Inner control/ Emotional development (52)	40.8	48.5	+ 7.7	44.0	49.3	+5.3

Although both groups of children showed considerable achievement in the social and emotional areas, interestingly, the more severely handicapped children showed greater gains in adjustment to school, interactions with teacher and other children, and inner control/emotional development than did the less severely handicapped children. Mildly to moderately handicapped children did show considerable gains in self concept and interactions with other children.

In the third year of the project, the California Preschool Social Competency Scale was chosen to document social development. The advantage in using this instrument was its norm referenced character which permitted staff to document both change in percentile units and to compare the handicapped children's social behavior with those of typical children in the classroom. Thus in Table 20 the classroom's average raw score was compiled by testing three randomly selected typical children from each integrated classroom. Due to differing ages, no percentile score is available. Except for Karen, most of the mildly to moderately handicapped children had raw scores similar to their classmates. This reflects the care taken in placing these children in appropriate settings. More severely handicapped children varied more noticeably from their peers.

Table 20
Change in Social Competency
As Measured by the California Preschool Social Competency Scale
1978-1979

Mildly to Moderately Handicapped	(Classroom Average Raw Score)	Fall 1978		Spring 1979		Percentile Change
		Raw Score	Percentile	Raw Score	Percentile	
Emily	(87)	76	23	90	48	+25
Jake	(83)	79	27	91	56	+29
Nils	(83)	71	36	89	73	+37
Ned	(78)	66	23	81	50	+27
Karen	(88)	52	5	64	7	+2
Kirk	(104)	72	16	96	70	+54
Moderately to Severely Handicapped						
Tim	(72)	54	6	70	23	+17
Lynn	(85)	57	2	64	5	+3
Sharon	(110)	52	1	55	2	+1
Spencer	(69)	55	6	67	18	+12

Enormous change in their percentile rankings were noted for almost all the children. Such change reflects considerable growth in social interaction skills and ability to respond to environmental roles and routines. Teachers collaborate these changes with frequent comments about handicapped children's initial imitation of peer social interactions followed by routine incorporation of these actions into their own behavioral repertoire. Teachers and parents note increased ease with which handicapped children approach new situations and children, and the greater confidence they express in using new skills.

In summary, the PATHWAYS Project has demonstrated substantial impact on young handicapped children's rate of development and social competence as a result of participation in an integrated preschool setting. Although comparison to other settings cannot be made, it can be said that handicapped children in these integrated settings showed positive gains in development over what would be expected normally or if no intervention occurred.

A third indicator of program effectiveness is equally of concern in evaluating the model's feasibility. This is the handicapped child's actual *LEVEL OF SOCIAL INTERACTION IN THE CLASSROOM AS COMPARED TO TYPICAL PEERS IN THE SAME CLASSROOMS.* Critics of mainstreaming worry that the handicapped child may be isolated and socially unaccepted by peers. To document whether or not this occurred in PATHWAYS'

Table 21
Comparison of Handicapped and Typical Children's
Mean Level of Social Involvement per Classroom 1976-1979

Year	Classrooms	Child's Level			Classroom's Level			Diff.
		X	s.d.	N	X	s.d.	N	
	Mildly to Moderately Handicapped							
1976-1977	Willy	4.29	.49	7	4.32	.82	111	0
	Carol	2.64	1.36	11	4.20	1.01	180	-
	Jane	4.33	.49	12	4.03	.73	96	+
1977-1978	Elaine	4.00	.76	15	3.93	1.33	158	+
	Mary	3.73	1.22	15	3.73	1.31	173	0
	John	3.80	1.32	15	3.85	1.04	81	0
	Felix	4.20	1.02	15	4.26	1.02	192	0
	Terry & Mark	4.64	.51	11	4.28	1.00	89	+
	Conrad	4.21	1.04	23	4.08	1.13	161	+
1978-1979	Harry	5.11	1.18	18	4.94	1.51	273	+
	Emily	5.24	1.74	25	5.05	1.67	257	+
	Louise	3.86	.89	22	4.74	1.12	443	-
	Trudy	4.29	.73	14	4.17	1.28	169	0
	Karen	4.22	1.25	37	4.51	1.09	550	-
	Kirk & Liz	5.11	1.10	19	4.72	1.16	316	+
		5.14	.86	14				+
	Sam	4.12	1.40	26	4.69	1.49	396	-
	Edna & Carl	3.44	.88	9	4.24	1.28	88	-
		3.89	1.05	9				-
	Moderately to Severely Handicapped							
1976-1977	Charlotte	4.33	.89	12	4.12	.97	137	+
	Sandra	3.67	.89	12	4.03	.81	190	-
	Jack	4.33	.58	3	4.16	1.05	159	+
1977-1978	Joan & Kevin	3.48	1.43	52	4.01	1.26	340	-
	Timmy	3.67	1.83	12	4.31	1.32	154	-
	Lou	3.56	1.31	27	3.90	1.18	392	-
1978-1979	Sharon	4.77	1.63	22	5.21	1.67	324	-
	Jill	4.20	1.26	15	4.75	1.51	222	-
	Henry	4.54	1.53	24	4.38	1.58	300	+

classrooms, direct observations of children's free choice play activities were made using the Classroom Socio-Observation Instrument developed at Michigan State University for use in socialization research and the evaluation of preschool curriculum models. With this repeated measures instrument, all of the children in the classroom are quickly scanned and placed in spatial relationship to each other and the staff, along with a rating of their social involvement. Parten's ordinal scale is used in this rating. (See Appendix.) The technique captures the social involvement of the entire classroom as if in stop-motion. Measures derived from this instrument are: (1) mean level of social involvement with peers and with staff (range 1 to 6); and (2) mean number of peers in proximity. In the tables, "N" refers to number of recorded observations.

Handicapped children's social involvement varied from classroom to classroom but consistently averaged within the socially aware/involved levels of play. In eight classrooms the mildly to moderately handicapped child's mean level of social involvement was more than their classmates, in six less, and in five classrooms it was the same. Among the moderately to severely handicapped children, in three of the classrooms the handicapped child's mean level of involvement was higher than the "normal" peers and in six classrooms the handicapped child's mean level was slightly lower.

In terms of peer proximity, the data in Table 22 suggests that handicapped children are not isolated in the classroom, but rather, show similar patterns of interaction as typical peers. In 7 out of 17 classrooms with mildly to moderately handicapped children integrated, the handicapped children's gregariousness (measured by mean number of peers in proximity) was slightly higher than the mean for the total classroom. Among all the children there were only two classrooms in which large differences were noted.

Table 22
Comparison of Handicapped and Typical Children's
Mean Number of Peers in Proximity per Classroom 1976-1979

Year	Classrooms	Child's Level			Classroom's Level			Diff.
	Mildly to Moderately Handicapped	X	s.d.	N	X	s.d.	N	
1976-1977	Willy	4.71	.49	7	4.24	.74	111	+
	Carol	3.73	1.42	11	4.23	1.52	180	-
	Jane	2.50	2.15	12	3.06	1.86	96	+
1977-1978	Elaine	2.60	2.32	15	2.71	1.89	158	-
	Mary	2.13	1.46	15	1.80	1.44	173	+
	John	1.80	1.57	15	2.27	1.67	81	-
	Felix	2.27	1.94	15	2.56	1.44	192	-
	Terry & Mark	3.00	1.55	11	2.35	1.55	89	+
	Conrad	1.39	1.07	23	2.66	2.08	161	-
1978-1979	Harry	2.78	1.35	18	3.06	1.82	273	-
	Emily	4.32	2.30	25	4.16	2.28	257	+
	Louise	2.36	1.36	22	2.26	1.28	443	+
	Trudy	2.79	1.71	14	2.80	1.69	169	0
	Karen	2.22	1.44	36	2.49	1.36	544	-
	Kirk & Liz	3.16	1.12	19	3.22	1.68	316	0
		3.79	2.01	14				+
	Sam	2.85	1.29	26	3.06	1.52	396	-
	Edna & Carl							

Table 22 (cont'd.)

Year	Classrooms Moderately to Severely Handicapped	Child's Level X	s.d.	N	Classroom's Level X	s.d.	N	Diff.
1976-1977	Sandra	5.33	1.56	12	4.04	1.49	190	+
	Jack	4.00	.00	3	3.55	.75	159	+
	Charlotte	4.92	.52	12	4.80	.71	137	0
1977-1978	Joan & Kevin	1.63	1.55	52	1.86	1.29	340	-
	Timmy	2.50	2.47	12	2.44	2.04	154	+
	Lou	1.33	1.59	27	2.16	1.74	392	-
1978-1979	Sharon	1.91	1.82	22	2.52	1.66	324	-
	Jill	3.93	1.33	15	3.22	1.51	222	+

Teachers

As was noted earlier, the teachers who take on the responsibility for educating young handicapped children in early childhood programs are also a key target group within the PATHWAYS model and, therefore, program effectiveness may be assessed relative to teachers also.

PATHWAYS support was targeted to increase on the part of teaching staff: (1) *SKILLS AND COMPETENCE* in actually providing an appropriate individualized program for handicapped children within a regular preschool classroom; (2) *CONFIDENCE* in their ability to successfully work with handicapped children; and (3) *WILLINGNESS* to work with handicapped children in the future.

In order to document functional *SKILLS* and *COMPETENCIES* of PATHWAYS teaching staff, as well as measure change over time, a project-specific Teacher Development Checklist was designed. In conjunction with teaching staff, the specific skills and expectations of an integrating teacher were listed, categorized and formed into items to be rated. During the first year of use, only end-of-the-year ratings were recorded. Thus, the data of Table 23 represents teachers' self-reported perceptions of growth over the previous academic year while participating in the PATHWAYS Project. In 1978-79, beginning and end-of-year data was gathered to document actual change as well as perceived change. These data are reported in Table 24.

Table 23
Self-Perception of Teacher's Increased Competence
as a Result of PATHWAYS Participation
1977-1978
(Range 0-2)

	Mean Change
Ability to recognize and acquire information about special needs of young children	1.37
Interactions with children	1.61
Planning and designing an educational program	1.17
Management of the environment	.99
Assessment of child's development	1.25
Personal and professional qualities	1.04
Interactions with families	1.01
Interactions with staff and colleagues	1.14
Social/political awareness	1.19

In 1977-78, teachers perceived that the greatest change was in their knowledge and ability to access information about special children, and in their ability to facilitate interactions among children relative to the handicapped child's presence in the regular classroom.

In 1978-79, teachers perceived the greatest areas of growth were in their abilities to recognize and acquire information about the special needs of young children and their interactions with families. In terms of actual change from the beginning to end of the year, teachers improved most in their ability to recognize and acquire information as in previous years. Many areas, however, had negative gains reported suggesting that teachers still felt great need for growth, perhaps even motivated by increased competence. Likewise large variation across teachers are reflected in high standard deviation scores. It is of interest to note that in several areas the teachers rated themselves lower at the end of the year than in the beginning of the year, though they felt they had grown in those areas. Analysis suggests that teachers can better assess their growth if they are aware at the end of the year, where they seemed to be at the beginning.* They were not given their beginning of year ratings.

---

*In 1979-80, PATHWAYS II staff, involved in personnel preparation, have taken this phenomenon into account.

Table 24
Pre/Post Self-Perception of Teacher Growth
1978-1979
N = 14

Category	Pre $\bar{X}$	Pre s.d.	Post $\bar{X}$	Post s.d.	Difference Pre/Post $\bar{X}$	Difference Pre/Post s.d.	Perceived Growth
Ability to recognize and and acquire information (range 0-14)	10.36	2.06	10.79	1.97	+.43	2.17	1.13
Interactions with children (range 0-42)	31.93	5.66	31.64	6.11	-.29	3.58	0.85
Planning/designing (range 0-20)	15.14	3.70	14.71	3.54	-.43	3.48	0.81
Management of the environment (range 0-12)	10.29	1.73	10.43	1.79	+.14	1.70	0.77
Assessment (range 0-12)	6.57	2.93	6.50	2.79	-.07	2.50	0.79
Personal and professional qualities (range 0-12)	10.43	1.40	9.86	1.83	-.57	2.28	0.81
Interactions with families (range 0-12)	7.86	2.21	7.49	2.28	-.43	1.91	0.91
Interactions with staff and colleagues (range 0-20)	15.43	3.11	13.50	3.35	-1.93	4.91	0.85
Social/political awareness (range 0-10)	4.64	2.59	4.79	2.91	.15	3.59	0.77

In terms of *CONFIDENCE*, both head teachers and assisting teachers' feelings of confidence in ability to handle the special child increased with experience in working with the child and PATHWAYS staff. Staff reactions were retrospectively recorded on a continuum from 0-16, reflecting apprehension to security (0 = very apprehensive, 16 - very secure). These ratings are reported in Table 25.

Table 25
Teachers' Self-Reported Feelings of Confidence
in Ability to Work with a Handicapped Child
1977-1979

	Head Teacher N = 48	Assistant Teacher N = 248
At first encounter with child	8.64	7.91
After one month	10.08	11.13
After three months	12.23	11.04
After six months	12.87	N.A.

At the beginning of the year, teachers were understandably uneasy about their own abilities, although on the rating scale they were just slightly above neutral--neither secure nor apprehensive. After six months, teachers were feeling much more secure in their ability to manage the handicapped child in a regular classroom. Assisting teachers, if they were students, did not remain in the classroom after three months but during the period of involvement showed increased confidence.

What about *WILLINGNESS* to work with handicapped children in the future? Teachers overwhelmingly expressed willingness to work with handicapped children again. On a 16-point continuum, teachers' average rating was 13.62* while assisting teachers averaged 13.39**. These reported ratings reflect a great deal of willingness to participate in integrated programs on the part of PATHWAYS-trained early childhood teachers. Teachers were also able to note "conditions for accepting a handicapped child," such as consultant support, limited classroom size, adequate staff and equipment, and time to adjust and adopt to increased responsibilities. These conditions are consistent with the contexts under which PATHWAYS operates.

Parents

Parents are another prime interest group for whom the addressing of program effectiveness is appropriate. One indication of the effectiveness of the PATHWAYS model is *PARENTAL SATISFACTION*. Parents of both regularly enrolled and special children were asked to respond to an end-of-the-year questionnaire concerning their satisfaction with the integrated classroom experience for their child. Using a four-point rating scale, parents responded to 18 items grouped in three scales within the Parent Reaction Questionnaire. The scores on these scales are presented in Table 26. A range of 0-24 is possible on each scale with 0 indicating "extremely dissatisfied" and 24 indicating "extremely satisfied."

Table 26
Parental Ratings of Satisfaction
with Child's Integrated Educational Experience

Scales	Parents of Regularly Enrolled Children N = 119		Parents of Special Children N = 26	
	$\bar{X}$	s.d.	$\bar{X}$	s.d.
Satisfaction with administrative practices	21.73	2.56	21.62	3.77
Satisfaction with quality of interpersonal interactions	22.22	2.31	22.50	2.72
Satisfaction with program impacts on child	22.21	3.78	19.88	7.27

*These data represent years 1976-79, N = 56.
**These data represent years 1977-79, N = 248.

Parental ratings of satisfaction were quite high, reflecting a positive feeling about the program and the effects of the program on their children. The greatest variability is reflected among parents of special children in regard to the ability of the program to effect positive change in their child's development. In spite of the variability, a positive tone is characteristic with most parents being very satisfied.

A second indicator of the effectiveness of the program from a parental perspective is the number of *PARENTS EXPRESSING WILLINGNESS TO HAVE THEIR CHILD ENROLLED IN AN INTEGRATED ENVIRONMENT IN THE FUTURE.* Parents of typical children either responded in the affirmative (59%) or in the "it doesn't matter" category (37%) reflecting the fact that they were not against such a placement, but other factors were equally important to them when evaluating a setting. Only 4% said "no." Twenty-four out of 26 (92%) parents of handicapped children indicated that "yes" they would like their children enrolled in an integrated environment in the future. Comments and actions of parents reflected an overwhelming acceptance of the integration model with many examples of overt advocacy for such an option in other communities or among public school personnel.

An objective of PATHWAYS participation, however, was that parents too would gain in *SKILL AND CONFIDENCE.* Did this occur? Yes, satisfaction was noted in the responses parents of handicapped children gave to a Parental Questionnaire eliciting ratings on the extent to which PATHWAYS participation helped parents gain knowledge, skills and confidence useful in helping them positively interact with their child and actively advocate for their child. Parents responded to eight items with a three-point range of response. Average rating across all items was 2.44 for the 25 parents responding. This rating reflects positive perceptions with participation having "some" to "great" impact.

Summarized conclusions/impressions relating to feasibility and effectiveness can be found elsewhere in this report. In general, however, it can be said that the data definitely indicate that the PATHWAYS program of supported integration to young handicapped children and their families is successful. By successful, we mean that placement in and support to the regular classroom is both feasible and effective in early childhood and is, therefore, an extremely viable alternative educational environment for young handicapped children.

DOCUMENTATION

Training Impact of PATHWAYS Project Staff

Although the PATHWAYS Project is not a training project per se, we are involved, to varying degrees, in the support and training of various individuals in the university and local communities. Below we describe three levels of training involvement, approximate number of people affected and approximate number of hours of staff time expended.

1. Maximal Training Involvement

   Participants:

   Early Childhood Head Teachers and Program Coordinators in integrated classrooms, directly responsible for classroom programs.

   Number of Participants:

   128 Head Teachers and Program Coordinators

   Number of Hours of Training Involvement:

   10 hours/month/participant x 10 months = 12,800 hours of training

2. Moderate Training Involvement

   Participants:

   Student teachers and graduate students, classroom aides to special child, independent study students from university community who explored some dimension of integrating young handicapped children.

   Number of Participants:

   150 students at various levels

   Number of Hours of Training Involvement:

   5 hours/month/participant x 10 months = 7,500 hours of training

3. Minimal Training Involvement

   Participants:

   Students in university classes receiving PATHWAYS staff guest lectures; local, state, regional, and national presentations to early childhood educators; short term consultations with community child care programs; informal contacts; Advisory Council and subcommittee members.

Number of Participants:

2,500 individuals

Number of Hours of Training Involvement:

1½ hours/contact - 3,750 hours of training involvement

Cooperation with Other Agencies

The PATHWAYS Project takes a highly initiative stance regarding cooperation with other agencies. PATHWAYS staff are continually involved in building service networks at the local, state, regional, and national levels. The following breakdown of cooperative efforts describes the range of interaction with various agencies:

Referrals for Placement Received From:

1. Lansing Public Schools - Special Education
2. East Lansing Public Schools - Special Education
3. Ingham Intermediate School District
4. Waverly Public Schools - Special Education
5. Speech and Audiology Clinic - Michigan State University
6. Psychology Clinic - Michigan State University
7. Developmental Assessment Clinic - Sparrow Hospital
8. Local pediatricians
9. Department of Social Services
10. Kalamazoo Valley Intermediate School District - Preprimary Evaluation and Training Project
11. Parkwood Up-John School - P.O.H.I. Nursery
12. Early Intervention District
13. Kalamazoo Public Schools - Developmental Preschool Classrooms
14. Hearing Impaired Nursery
15. Constance Brown - Borgess Hospital
16. Kalamazoo Valley - Multi-Handicapped Center
17. Department of Social Services
18. Day Care
19. Protective Services

Referrals for Services Made To:

1. Child Diagnostic Team - Ingham Intermediate School District
2. Family Life Clinic - Michigan State University
3. Speech and Audiology Clinic - Michigan State University
4. Motor Performance and Remedial Motor Clinics - Michigan State University
5. Developmental Assessment Clinic - Sparrow Hospital
6. Hearing Impaired Program - Lansing Public Schools
7. Kalamazoo Valley Intermediate School District - Preprimary Evaluation and Training Project
8. Constance Brown - Borgess Hospital

9. Kalamazoo Valley Head Start
10. Department of Social Services
11. Family and Children Services
12. Life Consultation Center
13. Easter Seal Society for Crippled Children
14. Lion's Club
15. Red Cross
16. Kalamazoo Public Schools

Dual Placement of PATHWAYS Children:

1. Haslett Developmental Preschool Classroom
2. Lansing Hearing Impaired Preschool Classroom
3. Lansing P.O.H.I. Preschool Classroom
4. Audiology and Speech Clinic - Michigan State University
5. Preschool Blind Program - Ingham Intermediate School District
6. Kalamazoo Valley Intermediate School District

Advisory Functions (PATHWAYS staff serve in advisory/consultant capacity):

1. Project Outreach, First Chance Project for Visually Impaired
2. Office for Young Children, Ingham County: Planning Board and Steering Committee
3. Michigan Coordinated Child Care Council (4C)
4. Michigan Association of Administrators of Special Education
5. Michigan Department of Education - PrePrimary Referent groups, Child Find and Family Education, Personnel Preparation
6. Technical Assistance Development System (TADS) - Chapel Hill, North Carolina
7. Family Life Clinic - Michigan State University
8. Michigan Consortium of Handicapped Children's Early Education Programs (HCEEP)
9. Living Stage HCEEP Project - Washington, D.C.
10. Michigan Special Education Leadership Corps
11. Project Sphere
12. Michigan Child Care Task Force
13. Preschool Readiness Program - New York State

Community Center Involvement

During the second and third years, an effort was made to find and begin participation with other early childhood centers in the Greater Lansing and Kalamzoo community. The table below illustrates the involvement of the community in the identification of centers with whom we worked.

Community Involvement - Site Selection

	Type of Center		
	Day Care	Co-Op	Nursery School
Centers contacted	26	10	22
Centers visited	16	7	11
Individuals participating in visit	1	2	3

Professionals Involved in Selection of Community Sites

	Visits	Discussions
Office for Young Children Consultants		2
PATHWAYS Staff	5	12
Participating Teachers/Directors	3	13
Advisory Council members	3	19
Referral/Contact Sources	2	22

Regional Outreach

Methods: Site Selection and Information Gathering

The Regional Outreach Phase was designed to profile a particular community response to the integration of young handicapped children into regular early childhood settings and to identify centers (sites) for demonstration of the PATHWAYS model. Early childhood settings have been defined as: day care programs, nursery school programs and parent cooperative nursery schools.

Site selection and surveying of local early childhood settings was planned and implemented primarily between September, 1978 and December, 1978. An ongoing site selection process evolved as new programs were identified. The target area for the Regional Outreach Phase of PATHWAYS included the communities served by the Kalamazoo Valley Intermediate School District. Phases I and II of Regional Outreach involved processes described below.

Site Identification

Two concurrent methods were utilized to locate possible demonstration sites. An introductory letter was sent to all directors of licensed day care centers, nursery schools and parent cooperatives. This letter (see Appendix) briefly described the orientation and aims of the PATHWAYS Project. Follow-up phone calls were made to centers whenever possible in order to determine which directors were at least interested in the concepts of the PATHWAYS Project.

At the same time, interviews were held with various key people knowledgeable about early childhood education in the community which included personnel from the following areas: Special Education, Western Michigan University Early Childhood Department, Council of Cooperative Nursery Schools, Department of Social Services Division of Day Care Placement, Department of Social Services Division of Day Care Licensing and Consultation, parents and other concerned community members. Recommendations of highly regarded centers were thus received and information about new programs was obtained. This group constituted a type of ad hoc advisory group for the Regional Outreach site identification process.

From follow-up phone conversations with center directors, the following information was obtained and recorded: (a) overall impressions from initial conversation--professional manner of director, response to specific cues in the introductory letter and data about center, (b) previous experience with handicapped children, (c) questions asked about PATHWAYS--types and severity of handicapment, etc. and (d) response to PATHWAYS--estimation of willingness to participate and attitude toward integration of handicapped children. During this phone conversation, when further interest was expressed, a site visit was scheduled.

On-Site Visitation

Site visits of approximately two to three hours were made to most of the identified, positively responding centers. During the on-site time, the Regional Outreach Coordinator met with the center director and was introduced to all staff members. A tour of the center was given and program content and philosophy were explained. Utilizing the Community Center Site Visitation Record (see Appendix), observations of program, materials, interactions and interventions were recorded. Summary information concerning characteristics of groupings of children was recorded, occasionally from an invited participant perspective. Efforts were made to talk with parents as they brought their children to and from the center, and to observe parents and staff members interacting together.

Interviews and observations were of no preestablished length, but were designed to gather impressions from all major participants in the center and to develop a "flavor" of life at each center. Follow-up visits were often made to observe different age groups or staff members or to clarify dissonant impressions.

Site Selection

Several factors were considered in selecting sites from those identified in the initial search. Two overall criteria were employed in selecting demonstration sites: willingness and eagerness to participate in the PATHWAYS Project, and excellence of program. Primarily, those characteristics described earlier in this report became the deciding factors. (See pages 17-19.) Additionally, geographical distribution of sites throughout the Greater Kalamazoo community was considered. As transportation resources were limited, an effort was made to locate centers that would provide maximum proximity to children's homes.

The remainder of the processes utilized in the outreach phase have been incorporated into the varying sections of this report.

PATHWAYS Staff Development

The members of the PATHWAYS project staff were also involved in activities to develop and refine competencies in evaluation, assessment, management and dissemination. We explored avenues to further develop in a variety of ways. We saw these activities at two levels: level one, activities specifically planned, implemented and evaluated in relation to our own growth; and level two, activities such as conferences/presentations.

PATHWAYS Staff Development
1976-1979

Level 1 - Staff activities designed to facilitate our growth.

Year	Workshops	Consultations	Conferences		Other
			State	National	
1976-77	6	3	4	6	2
1977-78	4	3	3	4	4
1978-79	1	3	4		2

Level 2 - Dissemination activities which are growth enhancing and offer opportunities to develop new skills and take on new roles

Year	Presentations		
	Local	State	National
1976-77	8	6	5
1977-78	12	7	8
1978-79	19	10	9

Listed below are the agencies and organizations with which project and adjunct staff have been involved. Included in parentheses are the kinds of activities engaged in with each separate agency.

National Level

HCEEP (Handicapped Children's Early Education Program) Network, Bureau of Education for the Handicapped (consultation, presentations)

TADS, Technical Assistance Development System, Chapel Hill, North Carolina (consultation, assistance activities)

National Council for Exceptional Children (Division of Early Childhood, office, presentations, membership)

National Association for the Education of Young Children (presentations, membership)

National Campus Child Care (presentations, membership)

Project Outreach Infant and Preschool Blind (advisory board memberships, referrals)

Teacher Corps (consultations)

BEH, State Implementation Grant Network (consultation)

American Association for the Education of the Severely and Profoundly Handicapped (membership)

North Carolina Early Childhood Special Educators

Regional Level

Midwest Association for Education of Young Children (presentations, membership)

Region V Headstart Technical Assistance (consultation)

Michigan Council of Cooperative Nurseries (presentations, membership)

Indiana Department of Education (presentation)

Mid-Michigan Association for the Education of Young Children

Oakland University Conference

Grand Rapids Coordinated Child Care Council

Kalamazoo Coordinated Child Care Council

Southwest Michigan Council of Cooperative Nursery Schools

State Level

Michigan Coordinated Child Care Council (advisory board, membership, presentation)

Michigan Association of Administrators of Special Education (consultation)

Michigan Department of Education (consultation)
- Preprimary Referent Groups (consultation, membership)
- Child Find and Family Education (advisory board memberships, consultation)
- Personnel Preparation (presentation)
- Resource Bank (consultation, membership)

Consortium of Michigan HCEEP Projects (administration, membership)

Michigan Association for Education of Young Children (offices, presentations, membership)

Michigan Council for Exceptional Children (presentations, membership)

Michigan Association for Infant and Mental Health (presentation, membership)

Michigan Family Day Care Conference (presentation)

Michigan Joint House Committee on Rules (presentation)

Michigan Child Care Task Force (membership, presentation)

Department of Social Services (consultation)

Michigan Campus Child Care (offices, membership, presentations)

Legislative Subcommittees (consultation, membership, advisory board)

Department of Mental Health, Developmental Disabilities Unit (consultation)

Intermediate/County Level

School Districts (joint programming, presentations, consultations)
- Ingham County
- Saginaw Valley
- Kalamazoo Valley
- Eastern Upper Penninsula
- Newberry Schools
- Tuscola
- Niles (Project Sphere)

Office for Young Children (Board members, Steering Committee, membership, presentation)

International Year of the Child (committee memberships, presentation)

Local Level

School Districts (joint programming, advisory board memberships, presentations, consultations)
- Lansing
- East Lansing
- Haslett
- Okemos
- Waverly
- Grand Ledge
- Holt
- Kalamazoo

Clinics (referrals, consultations, presentations, advisory board memberships)
- Psychology Clinic, MSU
- Audiology and Speech Clinic, MSU
- Developmental Assessment Clinic, Sparrow Hospital
- Motor Performance Clinic, MSU
- Family Life Clinic, MSU
- Genetics Clinic, MSU
- Clinical Center Child Care Unit, MSU

Clinics (continued)
Pediatrics, Sparrow Hospital, Clinical Center
Community Mental Health, Lansing
Life Consultation Center, Kalamazoo
Child Guidance Clinic, Kalamazoo
Headstart, Kalamazoo County

Summary

In this section we have described a particular way of operationalizing advocacy efforts on behalf of the alternative option of an integrated environment for young handicapped children. We believe our efforts have been successful. We also believe that the concepts and processes pertaining to advocacy are important. None of us exist in isolation. We are connected to each other and it is by supporting these connections that we can create more viable options for all young children.

APPENDIX

California Preschool Social Comptency Scale A-1
PATHWAYS Project Referral Form. A-9
Individual Educational Plan A-13
Children's Behavior Checklist A-15
Anecdotal Summary A-19
Classroom Socio-Observation A-25
PATHWAYS Information Sheet. A-31
Parental Impressions of Early Childhood Program A-35
Teacher Development Checklist A-39
Evaluation: Integration of Special Children. A-45
Integration Opinionnaire. A-53
Community Center Visitation Record. A-57
Outreach Letter A-61
Survey of Terminology A-67
Background and Experience Information A-71
Toddler Observation (Expansion of Parten Scale) A-79
Table of Contents, PATHWAYS Handbook. A-81
McCarthy Scores A-83
Average Change in Development as Measured by the McCarthy A-84
Learning Accomplishment Profile: Rate of Development A-85
California Preschool Social Competency Scale: Change in Social Development . A-89
Selected News Articles About PATHWAYS A-91
Selected Letters of Support A-93

PATHWAYS Project
A Human Support System Model
for Integrated Handicapped Children
and Their Families
Catalog of Federal Assistance Number: 13.444 A

Final Report: July, 1976 through June, 1979

REVISED

CALIFORNIA PRESCHOOL

SOCIAL COMPETENCY SCALE

Samuel Levine, Freeman F. Elzey, Mary Lewis, San Francisco State College

CHILD'S NAME_____ RATED BY_____

PARENT'S NAME_____ TEACHER_____

ADDRESS_____

OTHER INFORMATION_____

_____

Chronological Age:

	Year	Month	Day
Date	_____	_____	_____
Birthdate	_____	_____	_____
Age	_____	_____	_____

A. Sex: Boy_____ Girl_____

B. Age Norm

2-6 thru 2-11 _____

3-0 thru 3-11 _____

4-0 thru 4-11 _____

5-0 thru 5-6 _____

DIRECTIONS

For each item, circle the number of the option that is most characteristic of the child being rated. Be sure to rate all 30 items.

CONSULTING PSYCHOLOGISTS PRESS, INC.

577 College Avenue, Palo Alto, California 94306

1. IDENTIFICATION

1. Can respond to name.
2. Can state first name only.
3. Can state full name.
4. Can state full name and age as of last birthday.
5. Can state name, age, and address.

2. USING NAMES OF OTHERS

1. Recognizes one or two others by name.
2. Recognizes five or more children by name.
3. Uses no proper names in interacting with those around him.
4. Uses the names of no more than five children or adults.
5. Uses the names of from five to ten children.

3. GREETING NEW CHILD

When a new child joins the group--

1. He takes no notice of him.
2. He notices but doesn't greet.
3. He inadvertently physically overpowers child in greeting him (i.e., hugs, bumps, pulls).
4. He makes a limited and brief physical contact (i.e., pats, pokes, rubs) with child and some verbal contact.
5. He usually makes verbal contact and sometimes touches child.
6. He nearly always makes verbal contact with child without physical contact.

4. SAFE USE OF EQUIPMENT

1. He proceeds with activity, ignoring hazards involving height, weight, and distance (climbing on unstable equipment, stacking boxes too high, jumping onto off-balanced structures).
2. He proceeds with hazardous activity, sometimes seeking help and sometimes getting into difficulty.
3. He proceeds with hazardous activity but frequently seeks help when he is in difficulty.
4. He corrects hazards or seeks help before proceeding with activity.

5. REPORTING ACCIDENTS

When he has an accident (e.g., spilling, breaking)--

1. He does not report accidents.
2. He sometimes reports accidents.
3. He frequently reports accidents.
4. He nearly always reports accidents.

6. CONTINUING IN ACTIVITIES

1. He wanders from activity to activity with no sustained participation.
2. He continues in his own activity but is easily diverted when he notices activities of others.
3. He continues in his own activity and leaves it only when he is interrupted by others.
4. He continues in his own activity in spite of interruptions.

7. PERFORMING TASKS

1. He usually has to be asked two or three times before he will begin a task.
2. He usually begins task the first time he is asked but dawdles and has to be reminded.
3. He begins task the first time he is asked but is slow in completing task.
4. He begins task first time he is asked and is prompt in completing task.

8. FOLLOWING VERBAL INSTRUCTIONS

He can follow verbal instructions--

1. When they are accompanied by demonstration.
2. Without a demonstration, if one specific instruction is involved.
3. Without a demonstration, when it involves two specific instructions.
4. Without a demonstration, when it involves three or more instructions.

9. FOLLOWING NEW INSTRUCTIONS

1. He carries out instructions only with supervision.
2. He carries out one familiar instruction.
3. He carries out one new instruction the first time it is given.
4. He follows new instructions given one at a time, as well as familiar ones.
5. He follows several new instructions given at a time, as well as familiar ones.

10. REMEMBERING INSTRUCTIONS

1. He nearly always needs to have instructions or demonstrations repeated before he can perform the activity on his own.
2. He frequently requires repetition, a reminder, or affirmation that he is proceeding correctly.
3. He occasionally needs repetition of instruction for part of the activity before completing the activity.
4. He performs the activity without requiring repetition of instructions.

11. MAKING EXPLANATION TO OTHER CHILDREN

When attempting to explain to another child how to do something (put things together, play a game, etc.)--

1. He is unable to do so.
2. He gives an incomplete explanation.
3. He gives a complete but general explanation.
4. He gives a complete explanation with specific details.

12. COMMUNICATING WANTS

1. He seldom verbalizes his wants; acts out by pointing, pulling, crying, etc.
2. He sometimes verbalizes but usually combines actions with words.
3. He usually verbalizes but sometimes acts out his wants.
4. He nearly always verbalizes his wants, although difficult to understand.
5. He nearly always verbalizes understandably.

13. BORROWING

1. He never approaches others for things.
2. He takes objects when in use by others without asking permission.
3. He sometimes asks permission to use other's objects.
4. He frequently asks permission to use other's objects.
5. He nearly always asks permission to use other's objects.

14. RETURNING PROPERTY

When he has borrowed something--

1. He requires adult intervention to relinquish it.
2. He requires adult intervention, but done willingly.
3. He occasionally attempts to return the property to its owner.
4. He frequently attempts to return the property to its owner.
5. He nearly always returns the property to its owner.

15. SHARING

1. He does not share equipment or toys.
2. He shares but only after adult intervention.
3. He occasionally shares willingly with a few other children.
4. He occasionally shares willingly with other children.
5. He frequently shares willingly with other children.

16. HELPING OTHERS

When another child is having difficulty (such as using equipment, dressing)--

1. He never helps the other child.
2. He helps another child only when they are playing together.
3. He sometimes stops his own play to help another child.
4. He frequently stops his own play to help another child.

17. PLAYING WITH OTHERS

1. He usually plays by himself.
2. He plays near others.
3. He plays with others but limits play to one or two children.
4. He occasionally plays with a larger group (three or more children).
5. He usually plays with a larger group (three or more children).

18. INITIATING INVOLVEMENT

When other children are involved in an activity which permits the inclusion of additional children--

1. He requires adult help to get involved.
2. He sometimes initiates getting involved in the activity alone.
3. He frequently initiates getting involved in the activity alone.
4. He nearly always initiates getting involved in the activity alone.

19. INITIATING GROUP ACTIVITIES

1. He nearly always initiates activities which are solely for his own play.
2. He initiates his own activities and allows one child to join him.
3. He sometimes initiates activities which include two or more children.
4. He frequently initiates activities which are of a group nature.

20. GIVING DIRECTION TO PLAY

When playing with others--

1. He stands by on the fringes.
2. He typically follows the lead of others.
3. He sometimes makes suggestions for the direction of the play.
4. He frequently makes suggestions for the direction of the play.
5. He nearly always makes suggestions for the direction of the play.

21. TAKING TURNS

1. He frequently interrupts or pushes others to get ahead of them in an activity taking turns.
2. He attempts to take turn ahead of time but does not push or quarrel in order to do so.
3. He waits for turn, but teases or pushes those ahead of him.
4. He waits for turn or waits to be called on.

22. REACTION TO FRUSTRATION

When he does not get what he wants or things are not going well--

1. He has a tantrum (screams, kicks, throws, etc.)
2. He finds a substitute activity without seeking help in solving the problem.
3. He seeks help from others in solving the problem without making an attempt to solve it himself.
4. He seeks help from others in solving the problem after making an effort to solve it himself.

23. DEPENDENCE UPON ADULTS

He will continue in an activity on his own without having an adult participate with him or encourage him--

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

24. ACCEPTING LIMITS

When an adult sets limits on the child's activity (play space, use of material, type of activity) he accepts the limits--

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

25. EFFECTING TRANSITIONS

In changing from one activity to another--

1. He requires personal contact by adult (i.e., holding hands, leading).
2. He will not move toward new activity until the physical arrangements have been completed.
3. He moves toward new activity when the teacher announces the activity.
4. He moves toward new activity without physical or verbal cues.

26. CHANGES IN ROUTINE

The child accepts changes in routine (daily schedule, room arrangements, adults) without resistance or becoming upset--

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

27. REASSURANCE IN PUBLIC PLACES

When taken to public places he must be given physical or verbal reassurance--

1. Nearly always.
2. Frequently.
3. Sometimes.
4. Hardly ever.

28. RESPONSE TO UNFAMILIAR ADULTS

1. He avoids or withdraws from any contact with unfamiliar adults.
2. He, when initially approached by unfamiliar adults, avoids contact, but if approached again, is responsive.
3. He responds to overtures by unfamiliar adults but does not initiate contact.
4. He readily moves toward unfamiliar adults.

29. UNFAMILIAR SITUATIONS

1. He restricts himself to activities in which he has previously-engaged.
2. He joins in an activity which is new for him only if other children are engaged in it.
3. He joins with other children in an activity which is new to everyone.
4. He engages in an activity which is new for him even though other children are not involved.

30. SEEKING HELP

When he is involved in an activity in which he needs help--

1. He leaves the activity without seeking help.
2. He continues in the activity but only is help is offered.
3. He persists in the activity and finally seeks help.
4. He seeks help from others after making a brief attempt.

TOTAL SCORE_____

A-9
PATHWAYS Project

Referral Form

I. Parent's Name _____

Address _____ Phone _____

Child's Name _____ Age _____

II. Date of Referral _____ Time _____

Name of Person Receiving Referral _____

III. Source of Referral _____ Phone _____
name

_____
agency

IV. How did they find out about PATHWAYS? _____

_____

_____

V. Reason for Referral _____

_____

VI. Description of Child:

Abilities; needs _____

_____

Prior Experiences _____

_____

Compromising Condition(s) _____

_____

Approximate Developmental Level _____

_____

VII. Interest in:

Day Care ---------- _____(Half time) _____(Full time)

Nursery School----- _____

Co-op---------- _____

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

PATHWAYS

VIII. Tuition needed: YES ____ NO ____

Transportation Needed: YES ____ NO ____

IX. Follow-up

Is space available at this time._____

Application submitted to:_____ Date_____

Placed on waiting list;_____

Assignment to case coordinator_____

Date_____

X. Visitations

Home Visit _____ Date_____

Visit to PATHWAYS:

Parent with child_____ Date_____

Center_____ Date_____

Unit_____ Date _____

Observed by_____ Date_____

Center_____ Date _____

Unit_____ Date _____

Observed by _____ Date _____

Consultations (placement information gathering)

with:_____ Date _____

Discussion _____

_____ Date _____

with _____ Date _____

Discussion _____

_____

XI. Parent Concerns/Goals for Child

1) _____

_____

2) _____

_____

3) _____

_____

4) _____

_____

XII. Closure

Placement: _____

_____

Conditions: _____

_____

Referral: _____

_____

Child's Name _____

B/D _____

Committee -

Initial Plan Date _____

Review Dates: _____ _____ _____

Person Responsible for Initiating Review _____ _____

Goals:

Motor:

Fine Motor:

Cognitive:

Language:

Self-Help:

Social:

A-13

PATHWAYS
A Human Support System Model for Integrated Handicapped Children and their Families

Institute for Family
HMH #2, College of
Michigan State Uni
East Lansing, Michi

and Child Study
Human Ecology
48824

Goal:

Objectives:

Strategies:

Goal:

Objectives:

Strategies:

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

ATHWAYS

A-15

CHILDREN'S BEHAVIOR CHECKLIST

Name of Child _____ Age _____ Date

Name of person filling out checklist _____

Relationship to child (mother, father, teacher) _____

Your responses to the following checklist will help us learn more about your child to help in planning for his (her) educational program. The following is a list of items describing many aspects of children's behavior. . . things that children do or ways they have been described by others. Not all of the items will apply to the particular child you are describing. For instance, many two year olds cannot go to the toilet by themselves and most three year olds can't button garments.

First, please place a check mark (✓) in the first column by each item that accurately describes your child or is typical of your child's behavior. Secondly, after you have gone through the list, please go back through the items and place a check mark (✓) in the second column by those behaviors that are present or *should be* present and are concerns for you. These would be behaviors that you feel need attention. (Ex. frequent colds may characterize your child's health, and this is a concern to the family).

	Does this apply?	Is this a concern?
1. Is happy when he (she) has done a good job.	_____	_____
2. Is concerned about feelings of others.	_____	_____
3. Demands excessive attention.	_____	_____
4. Can't wait - must have things immediately.	_____	_____
5. Gets irritated or angry easily.	_____	_____
6. Is restless, overactive.	_____	_____
7. Has short attention span, unable to concentrate.	_____	_____
8. Seems slow to learn.	_____	_____
9. Is a finicky eater.	_____	_____
10. Plays with toys in a rough way.	_____	_____
11. Hurts self when angry.	_____	_____
12. Is able to communicate needs, problems nonverbally.	_____	_____
13. Is able to communicate needs, problems verbally.	_____	_____
14. Avoids eye contact.	_____	_____

	Does this apply?	Is this a concern?
15. Is jealous or possessive.	_____	_____
16. Seems slow to warm up to strangers.	_____	_____
17. Has frequent colds.	_____	_____
18. Wheezes and coughs a lot.	_____	_____
19. Responds to praise.	_____	_____
20. Looks awkward or clumsy when walking.	_____	_____
21. Doesn't pay much attention to others; seems more involved with self.	_____	_____
22. Has trouble falling asleep at night.	_____	_____
23. Seems to have difficulty hearing.	_____	_____
24. Seems to have difficulty seeing.	_____	_____
25. Needs constant attention; unaware of safety factors.	_____	_____
26. Can communicate toileting needs "in time."	_____	_____
27. Can go to toilet by self.	_____	_____
28. Can wash and dry hands alone.	_____	_____
29. Brushes his (her) teeth alone.	_____	_____
30. Can undress self.	_____	_____
31. Can button.	_____	_____
32. Can put on shoes/boots (not tying).	_____	_____
33. Can stay dry at night or during nap.	_____	_____
34. Eats with spoon and fork.	_____	_____
35. Pours own drink.	_____	_____
36. Controls spills.	_____	_____
37. Rebels when routines are upset.	_____	_____
38. Handles small objects skillfully.	_____	_____
39. Memory seems poor; forgets things that have just happened.	_____	_____
40. Seldom laughs or smiles.	_____	_____

		Does this apply?	Is this a concern?
41.	Is left out of things and ignored by others.	_____	_____
42.	Has short periods of loss of contact; "blank spells."	_____	_____
43.	Asks for help on tasks unnecessarily.	_____	_____
44.	Doesn't start a conversation or initiate to others; others must approach him (her).	_____	_____
45.	Takes things apart frequently.	_____	_____
46.	Shows pride in accomplishments.	_____	_____
47.	Cries for no apparent reason.	_____	_____
48.	Seems comfortable in new situations.	_____	_____
49.	Spends most of time sitting and watching; doesn't play or do things with others.	_____	_____
50.	Gets carried away with his (her) feelings; acts on them right away.	_____	_____
51.	Is fearful of some playground equipment.	_____	_____
52.	Feelings are easily hurt.	_____	_____
53.	Talks in a way that seems different; "baby talk."	_____	_____
54.	Asks the same question over and over.	_____	_____
55.	Makes friends quickly and easily.	_____	_____
56.	Lacks pep and complains of being tired.	_____	_____
57.	Sucks thumb.	_____	_____
58.	Very moody - sad one minute and happy the next.	_____	_____
59.	Has a strong attachment to a person or object.	_____	_____
60.	Has unusual craving for a food.	_____	_____
61.	Refuses to share things with others.	_____	_____
62.	Is frightened of being alone.	_____	_____
63.	Avoids talking about himself (herself).	_____	_____
64.	Has uncontrollable outbursts of temper.	_____	_____
65.	Able to stand up for own rights.	_____	_____

	Does this apply?	Is this a concern?
66. Play is aimless; doesn't seem to make or accomplish anything.	_____	_____
67. Is unusually curious about things.	_____	_____
68. Aggressive and overpowering with other children.	_____	_____
69. Affectionate - enjoys being physically close to others.	_____	_____
70. Shows appreciation when others help or do things for him (her).	_____	_____

Thank you for your cooperation. If there are other behaviors or conditions that you are concerned with or want to bring to our attention, please comment below. Your response will be kept confidential.

COMMENTS:

ANECDOTAL SUMMARY PATHWAYS PROJECT

Submitted by_____ Date_____

Child's first name_____

Center/Unit_____

Summary of: Fall Winter Spring Summer
(circle one)

INSTRUCTIONS FOR HEAD TEACHER/CASE FACILITATOR

Please use this form to summarize child's development in your program during the past season. Based on anecdotes, briefly describe child's abilities and behavioral responses to experiences and materials, and responses to special adaptations (if any). In discussing this child's development, please consider his/her growth in relation to the goals and objectives of the Individual Educational Plan (IEP). This summary may aid in a revision of the IEP if appropriate at this time.

Developmental categories have been provided to help you organize your perceptions of the child's growth and experiences. The categories are further broken down into specific developmental issues for clarification. You needn't comment on all of these subtopics, only those (or others) that are relevant to this child at this time. Feel free to include anything else which characterizes this child's own unique experiences. Space is also provided for any comments you have about the reactions of others to the child in the integrated environment and for comments regarding your work with the family of the child. THANK YOU.

PLEASE RETURN TO PATHWAYS BY_____

August, 1978
AR

COVER SHEET

PATHWAYS
Institute for Family and Child Study
HMH #2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

OVER-ALL IMPRESSIONS (general comments about past term; patterns/themes of child participation; adaptation, interaction; opening remarks; etc. . . .)

COMMUNICATION (receptive understanding; expressive language; clarity of speech; functional use of language; complexity of ideas expressed; etc. . . .)

MOTOR (large muscle coordination; fundamental physical skills; balance; energy level; small muscle coordination; eye-hand coordination; use of large muscles and manipulative equipment; etc. . . .)

SOCIAL-EMOTIONAL (self-concept; quality of play; quality of attention; frustration tolerance; coping with limits; adaptability to changes; awareness of self; awareness of others; interactions with adults and children; etc. . . .)

COGNITIVE (memory [short and long term]; number concepts; physical concepts; logical thinking; sequencing; problem solving; time concepts; shapes; colors; etc. . . .)

SELF HELP (dressing; eating; toileting; napping; care of own possessions; etc. . . .)

REACTIONS OF OTHERS (questions asked about child and/or handicap by other children and adults; general awareness and acceptance of child; etc. . . .)

WORKING WITH CHILD'S PARENTS (ease of communication; perceived changes in attitude toward child; satisfaction with program; etc. . . .)

OTHER (any other incidents, changes or problems you would like to share)

Classroom Socio-Observation

The classroom socio-observational technique was developed to assess the social involvement and play activity of children in the classroom setting. It was developed by Jo Lynn Cunningham and Tito Reyes, Family and Child Study Center, Michigan State University.[1,2] The present procedures are an adaptation of the original instrument.[3]

General Procedures

Three observations are made each day during the regular class session. Children should be involved in indoor free choice play activities at the time of the observations. Observations should begin approximately ten minutes after the play period has begun to allow time for children to become involved. All of the children in the classroom should be accounted for before starting. Check with the head teacher or student teacher to note absentees and locations of children not present in the classroom. Do not proceed if the target child is not present.

Name tags or a number or letter code should be placed on each child (taped or pinned) prior to the observation. If only a few children have no name tag, you may identify them by dress; writing a description by thier name on the recording form. Such tags or descriptive notes will aid the observer in identifying the children quickly.

The setting for the observation will be the classroom that includes a variety of activities for free play (blocks, house corner, manipulative toys, etc.) The regular teachers will be present in the room, and their interactionswith children should be recorded.

---

[1]Cunningham, J.L., and Reyes, R.F. The sociometry of preschool children Unpublished paper, Michigan State University, 1969.

[2]Special thanks are given to Kristin Anderson for her help with the preliminary testing of this technique.

[3]The present adapted version was developed by Mary Andrews, Institute for Family and Child Study, Michigan State University, 1973.

Form

The form used for recoridng observations is a drawing of the floor plan of preschool classroom(s) with major play areas indicated. It is suggested that a list of all children in the class with their identifying code letters be attached. Since a set of three consecutive observations will be made, identify each observation by number (1, 2, 3).

Recording Observations

For each observation, a systematic recording is made of the play location and involvement of each child. Start at one end of the room and record each individual as quickly as possible.

Each child must be recorded once and only once. Therefore, if a child moves to another group after an observation is recorded of his activity, he is NOT recorded again, even though the other children in the new group ARE recorded if they have not been previously observed.

As soon as the entire class has been recorded and checked to be sure all children are recorded only once, proceed with the second and then third in the set of three consecutive observations.

Codes

The recording of each item is as follows:

AREA

Major activity areas are indicated on the observation form.

INDIVIDUAL

A...N = Subject (unique identifying letters are assigned to each child)

X = Teacher

Y = Other Adult

PLAY INVOLVEMENT

1 = Unoccupied behavior: The child apparently is not playing at all, at least not in the usual sense, but occupies himself with watching anything which happens to be of momentary interest. When there is nothing exciting taking place, he plays with his own body, gets on and off chairs, just stands around, follows the teacher, or sits in one spot glancing around the room.

Codes

PLAY INVOLVEMENT

2 = Solitary Play: The child plays alone and independently with toys that are different from those used by the children within speaking distance and makes no effort to get close to or speak to the other children. His interest is centered upon his own activity, and he pursues it without reference to what others are doing.

3 = Onlooker Behavior: The child spends most of his time watching the others play. He often talks to the playing children, asks questions, or gives suggestions, but does not enter into the play himself. He stands or sits within speaking distance of the group so he can see and hear all that is taking place. Thus, he differs from the unoccupied child, who notices anything that happens to be exciting and is not especially interested in groups of children.

4 = Parallel Play: The child plays independently, but the activity he chooses naturally brings him among other children. He plays with toys which are like those which the children around him are using, but he plays with toys as he sees fit, without trying to influence the activity of the children near him. Thus, he plays beside, rather than with, other children. This activity is characterized by physical proximity and similarity of activity with reference to other children.

5 = Associative Play: The child plays with other children. They may be borrowing and lending play materials or following one another with trains and wagons. There are mild attempts to control which children may or may not play in the group. All engage in similar, if not identical, activity. There is no division of labor and no organization of activity. Each child acts as he wishes and does not subordinate his interest to the group. There is interaction between children, but no common goal.

6 = Cooperative Play: The child plays within a group that is organized for the purpose of making some material project, of striving to attain some competitive goal, of dramatizing situations of adult or group life, or of playing formal games. There is a marked sense of belonging or not belonging to the group. The control of the group sitiuation is in the hands of one or two members who direct the activity of others. The goal and the method of attaining it necessitate a division of labor, the taking of different roles by various group members, and the organization of activity so that the efforts of one child are supplemented by those of another. The critical distinction is the goal-directedness of the group.

Direction of Interaction

Small arrows (→) should be placed on the recording form to indicate to whom children are interacting when at a five or six level of play. If three or more children are all interacting equally, circle the group instead of placing arrows. If some children are at one level of play and others at another level,

Direction of Interaction

place arrows to indicate direct interaction and also circle the group to identify a common activity.

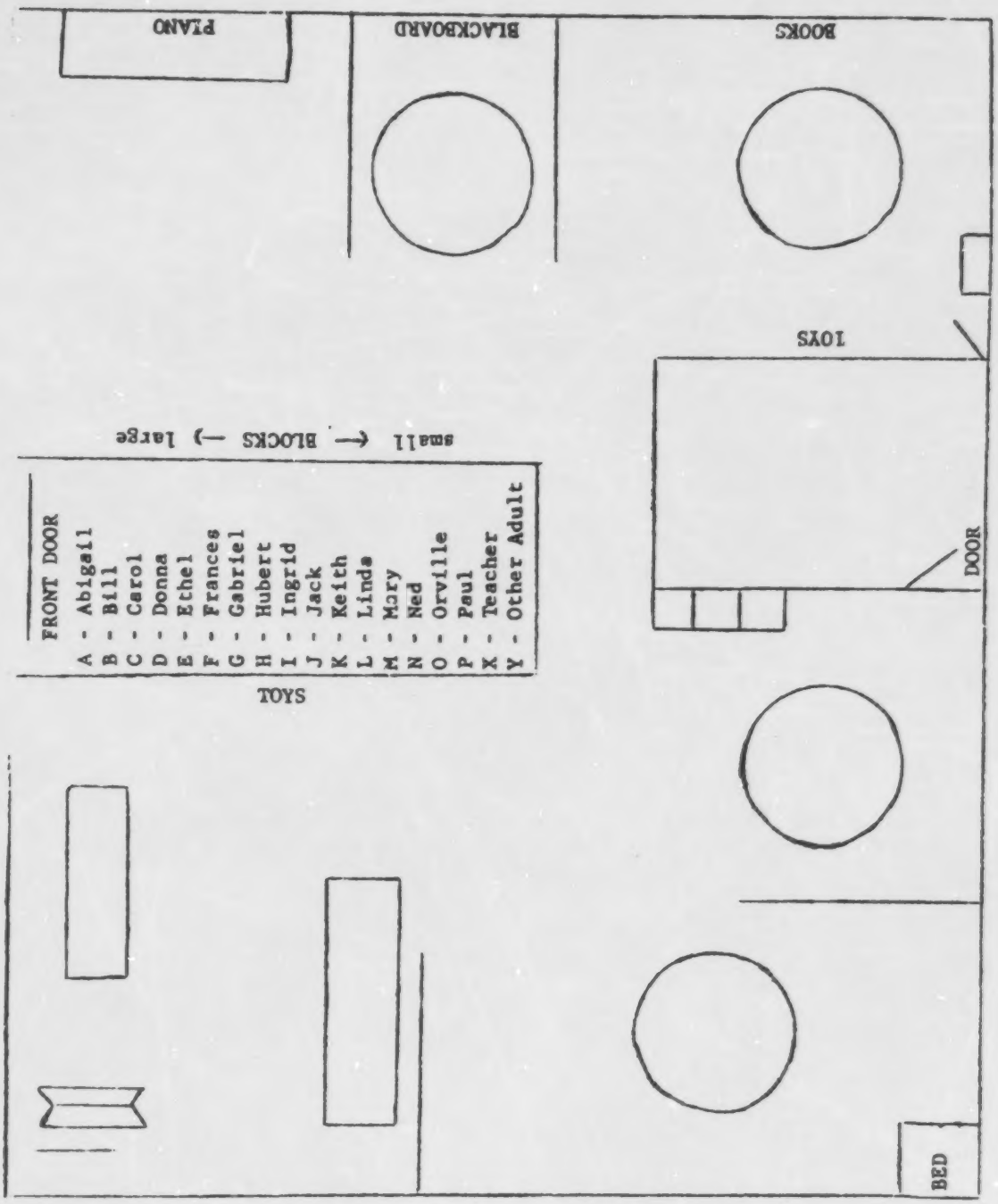
Child-to-teacher interactions should also have arrows attached to indicate the direction of the initiation. If no single direction is apparent, draw two-headed arrows. (direction can be determined by who asks questions, gives directions, or gives infomation, etc.)

A-29

CLASSROOM SOCIO-OBSERVATION

Class_____ Date_____

Observer_____ Time_____



Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

A-31

PATHWAYS

PATHWAYS INFORMATION SHEET

A. Child's Name _____ Nickname _____
Last First Middle

Birthdate _____ Sex ____Male ____Female
Month Day Year

Home Address _____

Home Phone _____ School District _____

B. Mother's Name _____ Phone _____ (Home) _____ (Work)

Employer's Name and Address _____

Father's Name _____ (Home) _____ (Work)

Employer's Name and Address _____

Child's Physician _____ Phone _____

Other Children in the Home:

Name	Age	School/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any other children in the home have special needs? _____Yes _____No
Comment:

Child's Caretaker During the Day (when not in school)

Parent _____ Name of caregiver _____

Babysitter _____ Address _____

Relative _____ Phone _____

Daycare _____

Other _____

C. List Doctors, Hospitals, Clinics and Agencies having previous knowledge of child:

Name_____ Address_____

Reason for contact_____ Year of Contact_____

Name_____ Address_____

Reason for contact_____ Year of Contact_____

Name_____ Address_____

Reason for contact_____

D. List any diagnostic/educational services provided for your child:

Name of Agency_____

Service_____ Dates_____

Name of Agency_____

Service_____ Dates_____

Name of Agency_____

Service_____ Dates_____

E. Are there any services other than those from private physician(s) presently being provided for your child? _____Yes _____No (if yes, please list)

Name of Contact Person Agency Service

_____

_____

_____

F. Has your child been referred to your present local school district for special services? _____Yes _____No

If yes, has an individual plan (IEP) been developed for your child? _____Yes _____No

G. List any experiences your child has had with children, other than brothers or sisters (examples: library reading groups, Sunday school, babysitter's home, neighborhood, preschool):

Name or Type of Group Hours per Week Age of Child (from___to___)

_____

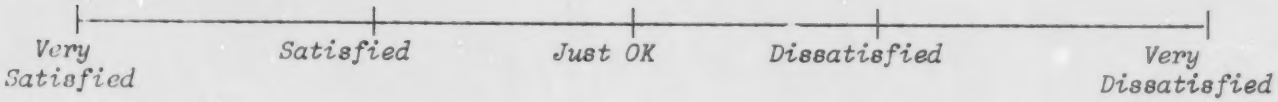
_____

_____

_____

H. Family Perceptions: (place an "X" on the line to indicate your feelings:

1. How satisfied are you with the services you now receive for your child in this community?

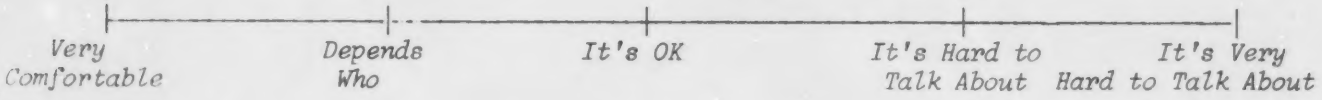


Comments:

2. To what degree do you need to adapt routine family activities for your child?

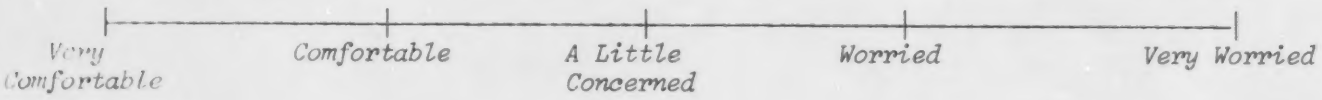
List Specific Changes:

3. How comfortable are you in talking to teachers about concerns over your child's behavior or development?



Comments:

4. How comfortable are you about your child's school and class assignment this year?

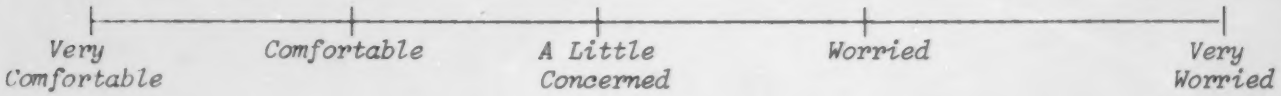


Comments:

5. Do you anticipate any problems with your child's adjustment to school?

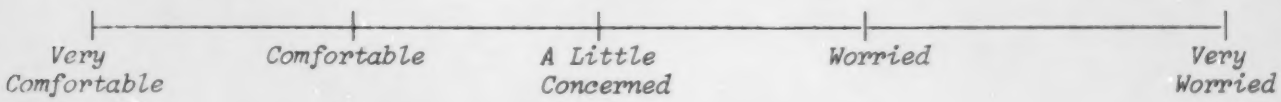
   Yes_____ No_____ Some_____ Comments:

6. How do you feel about how he (she) will be accepted by the other children in the classroom?



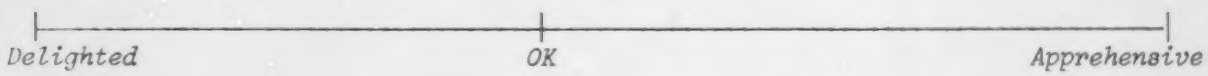
   Comments:

7. Are you comfortable about how parents will accept your child's participation in the classroom?



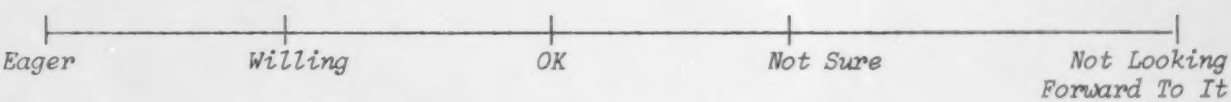
   Comments:

8. How do you feel about the general trend of expanding opportunities for "special" children to participate in regular school programs?



   Comments:

9. How do you feel about participating in planning and evaluating your child's educational program?



   Comments:

10. Would you be able to observe your child or meet teachers during school hours?

    Yes_____ No_____ Maybe_____ Comments:

11. List any concerns or information needs that you have about working with your child that we may be able to help you with.

    _____

    _____

    _____

12. List any family services or parent activities that you would like to have made available to your family.

    _____

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

A-35

Center: _____

Child's Age: _____

PATHWAYS
A Human Support System Model for Integrated Habilitation Around Children and Their Families

Parental Impressions of the Early Childhood Program

The following questions were designed to solicit feedback from parents about their perceptions of the early childhood programs their child participated in this past year. We welcome your comments and suggestions for improving the quality of the instruction and the management of these programs. Please be honest with your reactions - all responses will be kept confidential and made available only to the teaching and coordinating staffs of the center and the evaluation staff of the PATHWAYS Project. PATHWAYS is the federally funded demonstration project facilitating the placement of special children in regular, early childhood programs.

How satisfied are you with the early childhood program that your family has participated in this past year?

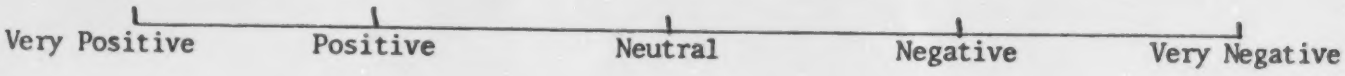
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
1. the amount of individual attention given to my child				
2. the special services made available to children				
3. the composition of the classrooms				
4. staff qualifications and competencies				
5. teacher/child ratio				
6. diversity of experiences and materials available for learning				
7. amount of planning and thought invested in learning program				
8. atmosphere of warmth, understanding, and support for children to grow				
9. amount and quality of communication between teaching staff and parents				
10. number of opportunities provided for parents to be informed about the program				

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfi
11. the administrative practices/ policies of the school				
12. the research and training practices/policies of the school				
13. program's ability to support my child's social development				
14. program's ability to support my child's emotional development				
15. program's ability to support my child's motor development				
16. program's ability to support my child's cognitive or intellectual development				
17. program's ability to support my child's skill in taking care of self				
18. program's ability to supoort my child's development of a positive self-concept				

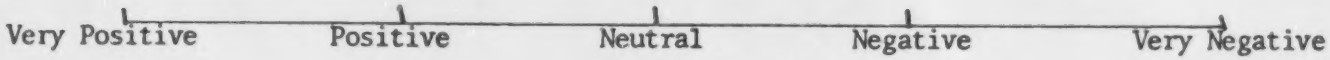
Please comment on any one of the above items or on any other concerns:

(Place an X on the line to indicate your response)

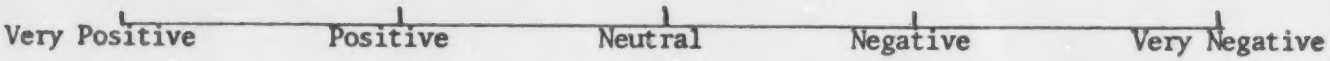
19. How would you judge the impact of having a special child in the classroom in regard to the learning that occurred for all the children?



20. .....for the special child?



21. .....for the staff?



22. Would you have preferred to have your child in a classroom with only special children, this past year?

( ) Yes ( ) No ( ) Doesn't matter

23. In the future, would you prefer to have your child enrolled in mainstreamed classrooms?

( ) Yes ( ) No ( ) Doesn't matter

24. From your observation do you think teachers spend more time and energy with a special child than with most typical children during planning?

( ) No more time ( ) A little more time ( ) Much more time

.....during classtime?

( ) No more time ( ) A little more time ( ) Much more time

25. What specifically did the integrated experience mean to your child?

26. What specifically did the integrated experience mean for you?

Respondent:
____ male
____ female
____ joint

PARENTAL EVALUATION OF PARTICIPATION IN THE PATHWAYS PROJECT

Please respond to the following items concerning the degree to which participation in the PATHWAYS PROJECT was supportive of your needs.

	To a great extent	To some extent	Not at all	Would like help in this area
PARTICIPATION IN THE M.S.U. PATHWAYS PROJECT HAS HELPED ME TO:				
1. become more aware of potential services for my child(ren)				
2. secure additional services for my child(ren)				
3. increase my knowledge of what to expect in young children's behavior and development				
4. secure additional information about children's special needs				
5. understand the needs of my child(ren) better				
6. plan activities and interactions to support my child(ren)'s growth and development				
7. feel more secure and confident as a parent				
8. IF YOU WERE IN A NEW COMMUNITY OR SITUATION, would your experiences with this project have increased your knowledge of how to secure information or services for your child(ren)?				

COMMENTS:

TEACHER DEVELOPMENT CHECKLIST: A Self-Assessment Tool for Early Childhood Educators Who Integrate "Special" and "Typical" Children in Their Classrooms

This instrument is designed to gather general information about teacher development, based on teachers' own perceptions of their skills and growth. This Checklist is a part of the PATHWAYS Project Evaluation Process to document the impacts of participation in the PATHWAYS model on integrating teachers. Drawing on the knowledge and experience of numerous teachers, coordinators and consultants, the Checklist also represents a description of key domains of teacher competency relevant to the developmentally integrated early childhood classroom.

DIRECTIONS: Please read through this instrument and use the rating scales to evaluate yourself on two levels: your current level of skill and the extent to which you have grown in this area during the last year. Only rate your current performance and degree of growth for the items in italics. The capitalized headings represent larger domains or categories of teacher development.

	Present Level of Performance			Degree of Growth		
	Definite Strength	Adequate	Needs Improvement	A Lot	A Little	No Change
I. ABILITY TO RECOGNIZE AND ACQUIRE INFORMATION ABOUT SPECIAL NEEDS OF YOUNG CHILDREN						
A. Exhibits knowledge of typical development						
1. Able to recognize developmental themes which underlie children's behavior and apply that information to program decisions.						
2. Able to articulate and implement classroom management techniques based on child development principles.						
3. Implements a program based on developmental needs of children in the group, as discovered through observation and assessment.						
B. Recognizes children experiencing developmental problems (at-risk)						
1. Aware of special, temporary and long-term needs of young children						
2. Able to evaluate and recognize the signs of physical and emotional distress in young children						
C. Seeks and uses information about specific handicapping conditions						
1. Has knowledge of characteristics and needs of children in own classroom who experience handicaps						
2. Knows about different ways of working with "handicapped" child(ren) enrolled in the program						
II. INTERACTIONS WITH CHILDREN						
A. Interacts with children to manage and direct/redirect behavior						
1. Able to respond to the context, motivation and meaning of children's behavior using well timed interventions						
2. Sets reasonable limits at the level of complexity that is compatible with child's level of understanding and ability						
3. Uses positive, clear directions when redirecting and guiding behavior						

TEACHER DEVELOPMENT CHECKLIST
Page 2

	Present Level of Performance			Defined Interest Areas	
	Definite Strength	Functional	Less Than Adequate	Personal Target Areas for Growth	Would like In-Service
B. Interacts with children to facilitate affective expression and positive self-concept					
1. *Acknowledges children's feeling and encourages expression without necessarily agreeing with them*					
2. *Expresses physical warmth and positive responses (smiles, embraces) as an integral part of child/teacher interaction*					
3. *Divides attention and staff amongst all children in the class so that each child receives some individual attention and personal contact*					
4. *Relates to handicapped children with an attitude of acceptance and "matter-of-factness" as opposed to one of rejection or over-attentivness*					
C. Interacts with children to facilitate language acquisition and communication skills					
1. *Communicates with chidlren using simple, direct language to describe, model and extend their understanding and verbalizations*					
2. *Capitalizes on experiences, songs, finger plays to encourage verbal communication*					
3. *Uses a variety of communication modes (verbal, non-verbal, concrete)*					
4. *Listens to children*					
D. Interacts with children to enhance cognitive development					
1. *Knows and uses different ways to extend play to increase its "learning" potential*					
2. *Breaks down tasks to child's level of ability and sequences learning activities appropriate to child's age and stage of development*					
3. *Uses questioning and inquiry skills to foster learning through discovery, problem solving and association*					
E. Interacts with children to facilitate social interaction					
1. *Fosters social interaction by creating many opportunities for children to learn and play together in various sized groups*					
2. *Helps children work in groups by establishing motivating environments and reasonable limits*					
3. *Models and guides children's interactions and responses to encourage interchange between children*					
4. *Prepares children within the regular classroom for the entry of special children into the class, as appropriate*					
F. Interacts with children to facilitate motor development					
1. *Provides a variety of activities and materials which enhance eye-hand coordination, small and large muscle development and perceptual motor development*					
2. *Sequences motor activities developmentally to provide a progression of experiences over time*					
3. *Can break down motor tasks into smaller components for children who have difficulty mastering motor skills*					

	Present Level of Performance			Defined Interest Areas	
	Definite Strength	Functional	Less Than Adequate	Personal Target Areas for Growth	Would like In-Service
III. PLANNING/DESIGNING					
A. Plans and designs appropriate educational experiences for groups of children					
1. Provides materials and experiences which utilize the senses of vision, touch, hearing, smell and taste					
2. Able to create learning experiences which build on children's existing and developing modes of learning					
3. Uses a variety of teaching approaches: modeling, direct instructions, one-to-one, group presentation, child-to-child					
4. Balances child initiated and adult initiated activities					
B. Plans program to meet individual needs					
1. Provides for and manages diversity in affective domain: cooperative/compliant children; apathetic/withdrawn children; angry/defiant children					
2. Provides for and manages diversity in cognitive domain for children who seem: very bright or gifted; bright; average; slow; delayed.					
3. Provides for and manages diversity in psychomotor domain for children who are: without sensory deficits or handicaps and exhibit good gross and fine motor control; blind; deaf; orthopedically disabled; epileptic; cerebral palsied; have undiagnosed problems; have multiple characteristics					
4. Adapts regular materials, curriculum and physical environment to meet the needs of children with different abilities					
C. Adjusts plans to respond to changing conditions (flexibility)					
1. Alters own behavior to adjust interventions so that they related directly to child and situation					
2. Implements a systematic planned structure while remaining open to change as needed					
IV. MANAGEMENT OF THE ENVIRONMENT					
A. Manages physical and human resources					
1. Divides room into distinct, visible work areas which provide for active, quiet, manipulative, imaginative, sensory areas and which facilitate flow of movement in room					
2. Designs, arranges and supervises ongoing placement of materials for bulletin boards and visual displays at children's level and within kids' interest					
3. Able to provide a physically and psychologically safe environment					
4. Plans for appropriate, adult supervision of children and activities, utilizing individual strengths of adults					
B. Manages the flow of activities, time and attention					
1. Able to maintain a perspective of the whole classroom at one time, attending to peripheral and focal activities					

	Present Level of Performance			Defined Interest Areas	
	Definite Strength	Functional	Less Than Adequate	Personal Target Areas for Growth	Would like In-Service
2. Develops and maintains consistent routines with time periods that are labelled for children, provides smooth and effective transitions					
V. ASSESSMENT					
A. Observes and records behavior/characteristics of children					
1. Able to observe a child's behavior and adequately describe the important aspects of the behavior and the setting					
2. Able to recognize or assess individual children's developmental abilities/needs using assessment instruments					
3. Develops a system for recording student progress					
B. Interprets assessments and applies that knowledge to plan and manage the environment					
1. Able to interpret assessment information to determine needs and appropriate activities for individual children					
2. Evolves anecdotal records, behavioral descriptions or progress reports which may be used to determine further programming for the child in the mainstream classroom					
3. Regards achievement in terms of child's progress rather than normative standards of the group					
VI. PERSONAL AND PROFESSIONAL QUALITIES					
A. Recognizes own abilities and needs					
1. Able to maintain a balanced perspective about self when examining own limitations, attitudes and needs					
2. Able to be self-critical, in touch with own feelings and capable of monitoring own behavior					
3. Balances own intimate, personal needs with professional responsibilities and seeks appropriate support to deal with issues of extreme cognitive and emotional impact					
B. Conducts self in a professional manner					
1. Is aware of and implements responsibilities, expectations and ethical practices related to working with young children (confidentiality, maturity, cleanliness, cooperation					
2. Able to communicate effectively and sensitively with individual children, groups of children, parents, other staff, consultant and support personnel from other agencies and disciplines					
3. Exhibits warmth, acceptance and sensitivity towards others, including those who are different from personal norm, without allowing stereotypes or prejudices to interfere					

	Present Level of Performance			Defined Interest Areas	
	Definite Strength	Functional	Less Than Adequate	Personal Target Areas for Growth	Would Like In-Service
VII. INTERACTIONS WITH FAMILIES					
A. Develops and maintains rapport with parents					
1. Relates to parents in a relaxed and responsive way, fostering a team approach					
2. Maintains periodic communication with parents to discuss child's needs and growth; can express and hear concerns and suggest positive alternatives (including referral to community services					
B. Involves families with program					
1. Communicates about and involves parents with program activities, interprets assessment findings and educational plans to parents					
2. Knows of and uses various methods of parent involvement to meet individual needs (guided observation, classroom participation, planned meeting, group discussions)					
C. Assists families in interactions with community services and agencies					
1. Identifies and shares information about community resources for support, equipment, information, funding - helps parents clarify own needs for services					
2. Able to be tactfully assertive with other professionals in advocating for children and families					
VIII. INTERACTIONS WITH STAFF AND COLLEAGUES					
A. Develops and maintains working relationships					
1. Includes all adults in planning and implementing classroom and child goals					
2. Provides appropriate support and preparation to other adults in classroom by clarifying their roles and responsibilities					
3. Keeps other people in program informed of decisions, changes and new developments regarding individual children and total classroom; seeks variety of inputs in decision making					
4. Shares relevant information with adults about individual children's special needs so that all adults in classroom can interact appropriately with children					
B. Responds sensitively to individual differences of adults					
1. Shares information at a level appropriate to each adult's knowledge, skills and experiences					
2. Incorporates uniqueness and special abilities of other staff members into total program, considers individual strengths and needs when planning					
3. Provides adult staff members with support and relief as needed, aware of individual tolerances and "breaking points"					
C. Stimulates professional development					
1. Makes available resource materials and experiences in support of continued learning by adult participants in classroom					

	Present Level of Performance			Defined Interest Areas	
	Definite Strength	Functional	Less Than Adequate	Personal Target Areas for Growth	Would Like In-Service
2. Models openness to change, integration and sharing of new ideas					
3. Seeks out new learning experiences for self, attends workshops and conferences, reads current literature, uses resource and consultant personnel to expand own competencies					
IX. SOCIAL/POLITICAL AWARENESS					
A. Is knowledgeable of laws and issues affecting young children and their families					
1. Can articulate and comply with requirements of PL 94-142 (Federal-All Handicapped Children's Education Act)					
2. Can articulate to persons outside the field the rationale for Early Intervention and integrated early childhood experiences					
3. Aware of the implications of labelling children with special needs					
B. Communicates about programs and issues					
1. Speaks out on behalf of young handicapped children and their families in public forums and in individual encounters to positively influence public opinion					
2. Able to present a summary of handicapped child's experiences in own program for an EPPC meeting					

EVALUATION

Integration of Special Children

Name of Respondent _____ S.S.# or M.S.U. ID# _____

Name of Special Child _____

Center _____ Classroom _____

Date _____

Number of contact hours in the classroom per week _____

What month was the special child placed in your classroom? _____

Pertinent Data: (as you know it)
Nature of special child's handicapping condition _____

Perception of disability relative to classroom functioning

_____ mild _____ moderate _____ severe

Total number of children in the classroom _____

Number of other children in the classroom with identified special needs (non English speaking, handicapping condition) _____

Average number of adults in the classroom _____

I. How do you feel about having this handicapped child in your classroom in relation to: *(Please mark a check (√) on the line to indicate your response)*

A. *All the other children in your classroom:*

A Distinct Disadvantage	*A Disadvantage*	*About Even*	*An Advantage*	*A Distinct Advantage*

Comments:

B. *The child him/her self;*

A Distinct Disadvantage	*A Disadvantage*	*About Even*	*An Advantage*	*A Distinct Advantage*

Comments:

PATHWAYS
Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

C. *You as the classroom teacher:*

Comments:

D. *The parents of this handicapped child:*

E. *The parents of your non handicapped children:*

Comments:

F. *The adults for whom you have responsibility (i.e., undergraduate students, aides, assistants, etc.):*

Comments:

II. In general, how do (did) you feel about your competence in managing this special child: (check those time periods that are applicable)

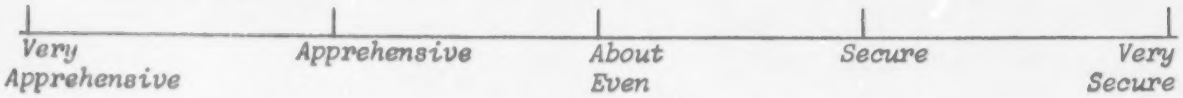
A. *When you first encountered this child?*

Comments:

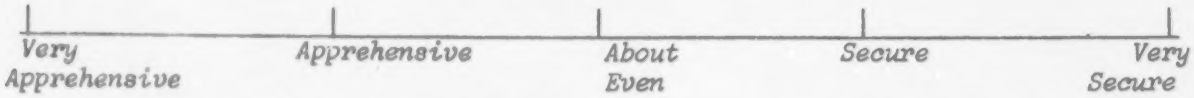
B. *After one month?*

Comments:

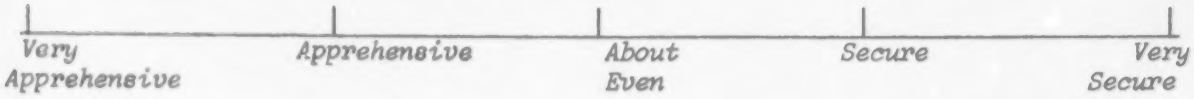
C. *After three months?*



D. *After six months?*



E. *After nine months?*



Comments:

III. It is sometimes felt that a handicapped child needs much more attention when placed in a regular classroom. In relation to the average attention you give to each child in your classroom, how much attention does this special child take in each of the following situations?

1. *much less attention than given to the average non handicapped child*
2. *a little less attention than given to the average non handicapped child*
3. *no more attention than the average non handicapped child*
4. *a little more attention than the average non handicapped child*
5. *much more attention than the average non handicapped child*
6. *not applicable, not enough information*

A. during free play____
B. during snack or meals____
C. during large group activity____
D. during small group activity____
E. during transitions____
F. during field trips____
G. during naptime____
H. outside (playground) ____
I. in planning daily or weekly activities____
J. in communicating with the staff about the child____
K. in communicating with the parents about the child____
L. in keeping records/assessing progress____

In general, how much attention does this child need - still in relation to the other children. (use same scale)_____

Comments:

IV. Transition Period

Please rate your reaction to this period of getting acquainted with this special child and his/her family on the following scales. *(circle the number representing your rating. Add comments if you wish.)*

**See KEY Below

	LENGTH OF TIME	AMOUNT OF EFFORT	COMPARISON TO OTHER CHILDREN
1. Establishing rapport with child	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			
2. Establishing rapport with child's parents	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			
3. Assessing child's abilities	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			
4. Deciding how to adapt program for child	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			
5. Supporting the child in feeling comfortable in the classroom	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			
6. Supporting the child's acceptance by other children	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Comments:			

**KEY	LENGTH OF TIME	AMOUNT OF EFFORT	COMPARISON TO OTHER CHILDREN
	Very Short ... Very Long	Very Little ... Very Much	Very Similar ... Very Different
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

ANSWER ONLY IF M.S.U. UNDERGRADUATE STUDENTS IN FAMILY AND CHILD SCIENCES ARE PRESENT IN YOUR CLASSROOM.

V. In general, how do you feel about having a handicapped child in your classroom with regard to the purposes and goals of child development undergraduate training? Please use the following scale for each of the basic types of students we train:

1. *A distinct disadvantage; overly confusing and anxiety producing*
2. *A disadvantage*
3. *About even; has good and bad aspects*
4. *An advantage*
5. *A distinct advantage; an exciting, challenging opportunity*

A. For student teachers: _____
Rating

Comments:

B. For 369 students: _____
Rating

Comments:

C. For 364 students: _____
Rating

Comments:

VI. Support Services:

A. Please rate the sufficiency (amount) of the overall support you receive in helping with this handicapped child.

Definitely not enough	*Could use more*	*Sometimes enough sometimes not*	*Enough*	*Plenty Whenever needed*

B. Please rate the quality or relevance of the overall support you receive in helping with this handicapped child.

Hindrance	*More time consuming than it's worth*	*Nice, but not essential*	*Definite advantage; useful*	*Critical to working with child*

Revised
1978

C. Rate each support service listed below, using this scale:

0. Not applicable
1. A hindrance
2. More time consuming than it's worth
3. Nice, but not essential
4. A definite advantage; useful
5. Critical to working with child

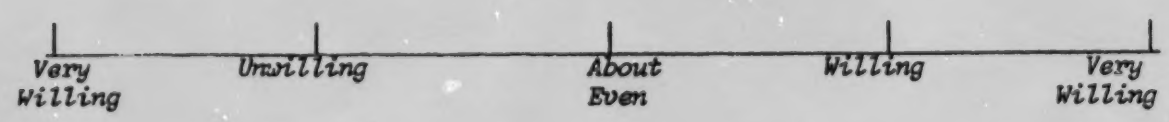
List support services being received: (work-study helper, case facilitator conferences, speech therapist)

	Circle Rating
1.	1 2 3 4 5
2.	1 2 3 4 5
3.	1 2 3 4 5

Comments or suggestions:

VII. What are your feelings, in general, about working with the PATHWAYS Project? Do you have any suggestions to help improve working relationships?

VIII. At this point, how willing are you to have a handicapped child in your classroom in the future?



What would be your conditions of acceptance? *(please rate each condition)*

	Very Essential	Necessary	Would Be Nice
1.			
2.			
3.			
4.			

IX. Background Information:

A. Years of experience* teaching:_____

B. Years of experience teaching primary level:_____

C. Years of experience teaching with handicapped child(ren):_____

D. Educational degree:_____

E. Are you planning to pursue a further degree? ___Yes ___No
If yes, in what area:_____

F. Number of courses related to special children:
___None ___One or two ___A minor area of study ___A major area of study

G. Number of years or months working in this center:_____Yrs Months
(circle one)

H. Number of years of involvement with M.S.U. Integration Project/ PATHWAYS:_____

I. Career goals: *(you may check more than one)*

_____ Classroom teaching

_____ Educational administration

_____ Teacher training or supervision

_____ Research and development activities

_____ Child advocacy

_____ Other

* teaching experience can be supervisory work with groups of children in or outside of a classroom.

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

Dear MAEYC Member:

The PATHWAYS Project, a federally funded project concerning the mainstreaming of handicapped children into "regular" preschool classrooms, would appreciate your help by completing the following Integration Opinionaire. As the opinionaire is in the development stage, we need a wide variety of responses in order to conduct a statistical item analysis of the questions. Your participation in the project is voluntary. At the end of the project, a summary of the results of our analysis will be provided to MAEYC readers in the newsletter.

Please write in any comments you have about the opinionaire. Questions and concerns can be addressed to Gayle Clapp at 353-3897 or Nancy Carlson at 363-6617. Please fold, staple and return the opinionaire to the address on the back of the form.

Thank you for your cooperation.

Sincerely,

Nancy A. Carlson

Nancy A. Carlson, Ph.D.
PATHWAYS Project Director

Gayle Clapp

Gayle Clapp
Doctoral Student

Integration Opinionaire

The following statements reflect various opinions and beliefs that individuals hold toward "integration" or the placement of handicapped children in educational programs for typical children. When responding to these statements, note that the terms "integration" and "mainstreaming" are used synonymously. Likewise, the terms "special" and "handicapped" are meant to be interchangeable and represent a variety of handicapping or developmentally delayed conditions. Unless otherwise stated, please respond to the statements in the context of early education (birth through age six). Circle the response that best represents your opinion about the statement.

[Response key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), Undecided (U). NOTE: Please use the response category "Undecided" only if you truly have no opinion about the statement.]

1. A primary benefit of mainstreaming in early childhood is the opportunity it offers for typical children to learn how to interact with children of different skills and abilities. SA A D SD U
2. A handicapped child in a regular preschool program requires more adult attention than typical children require. SA A D SD U
3. Handicapped children disrupt the classroom and serve as undesirable models for typical children. SA A D SD U

[Response key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), Undecided (U). NOTE: Please use the response category "Undecided" only if you truly have no opinion about the statement.]

4.	When only one or two handicapped children are present in a regular program, they often become isolated.	SA A D SD U
5.	With supplemental services, the regular preschool program can provide the environment and modeling that stimulates a handicapped child's learning.	SA A D SD U
6.	A disadvantage of mainstreaming is that it may be frustrating for a handicapped child to see other children doing things that (s)he may not be able to do.	SA A D SD U
7.	The attention and individualized help that special children get in segregated programs for the handicapped outweighs the value of the interaction with typical children in integrated settings.	SA A D SD U
8.	The specialized instruction that handicapped children need cannot effectively be provided by regular preschool and nursery school teachers.	SA A D SD U
9.	It may be an advantage for parents of handicapped children to be involved with typical children so that they can keep a balanced perspective on what to expect in children's behavior.	SA A D SD U
10.	It is reinforcing and rewarding for parents of handicapped children to feel that their child is accepted and capable of functioning in a regular classroom.	SA A D SD U
11.	An integrated preschool experience for a handicapped child may help stimulate social and language development, but isn't structured enough to provide a total educational experience.	SA A D SD U
12.	"The least restrictive environment" is one in which the handicapped child is treated as much like a typical child as possible.	SA A D SD U
13.	Handicapped children require almost constant one-on-one attention from a teacher in order to achieve their individualized learning objective.	SA A D SD U
14.	Handicapped children can be best served by professionals specially trained to teach the handicapped.	SA A D SD U
15.	Most regular teachers are not able to handle a whole classroom of typical kids as well as the demands of one or two children with special needs.	SA A D SD U
16.	Regular teachers experienced in working with handicapped children are better able to recognize the needs of typical children.	SA A D SD U
17.	Mainstreaming provides an opportunity for typical children to realize that handicapped children have feelings and thoughts just like they do.	SA A D SD U

[Response key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), Undecided (U). NOTE: Please use the response category "Undecided" only if you truly have no opinion about the statement.]

18.	Since many young, handicapped children need care during the day in addition to special educational experiences, financial and professional assistance must be made available to family and center day care providers.	SA A D SD U
19.	The public schools should provide the resources and professional services so that young handicapped children have a variety of alternative educational environments available for them.	SA A D SD U
20.	Many young handicapped children could benefit from placement in both specialized environments and integrated environments to maximize growth in all areas of development.	SA A D SD U
21.	Only mildly and moderately handicapped children should be placed in programs with typical children.	SA A D SD U
22.	A good way to enhance people's attitudes toward the handicapped is to have children make contact with the handicapped in natural, matter-of-fact ways while they are still young.	SA A D SD U
23.	Adult biases, stereotypes and underestimations of special children's abilities are more likely to occur in segregated than integrated settings.	SA A D SD U
24.	Handicapped children are more likely to grow in independence and confidence in a segregated rather than integrated setting.	SA A D SD U
25.	Parents who wish to have their special child enrolled in regular preschool programs should receive the same services and financial support for their child's education as parents who enroll their child in programs for special children only.	SA A D SD U
26.	Most communities are doing a good job of including handicapped children in educational and recreational programs designed for typical children.	SA A D SD U
27.	Cooperation between community agencies is not necessary in order to effectively meet the needs of special children.	SA A D SD U
28.	Each handicapped child needs an individually designed program.	SA A D SD U
29.	Parents of handicapped children would rather have their children placed in special classrooms than risk potential unpleasant experiences in classes for typical children.	SA A D SD U
30.	Efforts to mainstream handicapped children during the preschool years are at least as important as mainstreaming during the elementary school years.	SA A D SD U

Respondent's Primary Role: ( ) Teacher ( ) Administrator

( ) Teacher Trainer/Educator ( ) Consultant or Special Services Provider

( ) Parent ( ) Student ( ) Other_____

Sex: ( ) Male ( ) Female

Age: ( ) 25 years or younger ( ) 26-35 ( ) 36-45 ( ) 46-55 ( ) 56-65
( ) 66 years or older

Experimental Instrument developed at Institute for Family and Child Study, Michigan State University, September 1978.

PATHWAYS
Institute for Family and Child Study
Home Management House #2
Michigan State University
East Lansing, MI 48823

Institute for Family and Child Study
HMH #2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

THWAYS

COMMUNITY CENTER VISITATION RECORD

Name of Center_____ Date_____

Location_____ Time of Day_____

Type of Center_____ Time Observing_____

Name of Director_____ Time with Director____ Total Time____

Person (s) Visiting_____

Fees_____ Licensed: YES NO

General level of interest shown in participation with PATHWAYS:

Flexibility of program (time/ages):

Size - limitations of center (barriers, indoor, outdoor):

Staff/child ratio (total number of children per class & total number of staff per class):

Population Served:

Qualifications of staff:

Staff information (turnover, duty roster, meeting times, etc.):

Length of time center in operation:

Program content/philosophy (affective element, cognitive and/or social orientation - stated vs. functional):

Potential of providing:

Socialization-

Language enrichment-

Positive alternative role modeling-

Center's (and/or staff's) former experience with handicapped children:

Center's (and/or staff's) former contacts with support agencies/people:

Existing parent program (articulation of approach to families):

Materials received from center -(parent handbook, newsletter, etc.):

Materials (about PATHWAYS) left at center - Progress Report, Process handout, etc.:

Action to be taken (call, write, re-visit - specific questions, requests):

Overall impressions:

A-61

PATHWAYS
A Human Support System Model
for Integrated Handicapped
Children and their Families

September 20, 1978

Dear

I'd like to introduce myself - my name is Helene Ginsberg and I have recently come to the Kalamazoo area to work cooperatively with local Early Childhood programs. I am a staff member on the PATHWAYS Project and I hope you'll take a moment to learn more about our work.

We of the PATHWAYS Project hold the belief that all children are unique; all are special; all are different. I'm sure your experiences in Early Childhood Education have demonstrated this many times. Some young children have special needs and characteristics - these children are called "handicapped" or "disabled". They too need the opportunity to play with other children, to sing, to laugh, to build with blocks, to learn and to be loved. They definitely can benefit from being a part of the daily life of a nursery school, day care center or parent cooperative. But then we all benefit from this special experience.

The PATHWAYS Project has been helping handicapped and typical children to learn and play together in a variety of Early Childhood programs during the last three years. Based at Michigan State University in East Lansing, PATHWAYS is a model project funded in part by the Federal Government's Handicapped Children's Early Education Program. The Federal Government has seen the challenge of integrating handicapped children into existing regular classrooms as a top priority.

While recognizing the challenge and benefits of integrating handicapped children, we also recognize that success depends upon the kind of support which Early Childhood staff receive. We facilitate a careful match between individual children and individual

REGIONAL OUTREACH: Kalamazoo Valley Intermediate School District
Croyden Ave. School * 4606 Croyden Ave. * Kalamazoo, MI 49007 * 616/381-4620 Ext/281

Institute for Family and Child Study

HMH #2 • College of Human Ecology • Michigan State University • East Lansing • Michigan • 48824 • (517) 355-7747

classrooms. We also provide ongoing support services and consultation to teachers, children and parents. We work cooperatively with community agencies to insure a successful, positive experience for all involved.

During this our third year, while continuing our demonstration project at Michigan State University, we are reaching out into the Kalamazoo community. We hope to share our experiences and to learn from early childhood and special educators in this part of the state. I am fortunate to be housed at and to be supported by the Kalamazoo Valley Intermediate School District. We are looking for programs which might be interested in including a young handicapped child with ongoing support and communication from the PATHWAYS Project. Perhaps you in your center are interested in this opportunity. Perhaps you have questions about the PATHWAYS Project and the needs of young handicapped children. We enjoy sharing our experiences and welcome questions.

I will be calling within the next two weeks to discuss PATHWAYS with you and to answer any questions. If, at that time, you are interested, I will plan to come and visit your program in action and to further explore what participation in PATHWAYS Project might mean.

Thank you for taking the time to find out about PATHWAYS and I look forward to talking with you soon.

Yours truly,

Helene Ginsberg

Helene Ginsberg
Regional Outreach Coordinator

HG:jo

PATHWAYS
A Human Support System Model
for Integrated Handicapped
Children and their Families

September 5, 1978

To: Pathways Staff-MSU
Intrac-PET Staff-KVISD

From: Helene Ginsberg, Regional Outreach Coordinator,
Pathways Project

Re: Plan for Outreach in Kalamazoo Area

I thought it would be helpful for you to have an idea of what my plans are for developing the Regional Outreach phase of the Pathways Project. That way, you each can continue to provide me with ideas, contact persons and suggestions in my efforts to work with existing programs and services in the Kalamazoo area. Below you will find what I am anticipating will be a sequence of developmental activities, which will culminate in the placement and support of young handicapped children in selected local early childhood programs.

Phase I: Information Gathering and Network Building

Goals:
- To become acquainted with existing diagnostic, therapeutic and social services for young handicapped children and their families in the Kalamazoo area.
- To become acquainted with existing early childhood programs and formulate initial impressions about programs that might be willing to integrate young handicapped children.
- To develop a sense of the "history" of experiences that this community has had with integrating young children with special needs into preschool and day care programs.

REGIONAL OUTREACH: Kalamazoo Valley Intermediate School District
Croyden Ave. School * 4606 Croyden Ave. * Kalamazoo, MI 49007 * 616/381-4620 Ext/281

Institute for Family and Child Study
HMH #2 • College of Human Ecology • Michigan State University

- To become known by agencies and personnel serving young children and their families.

- To develop a support system for the Regional Outreach component in Kalamazoo.

Activities:

- Identify, visit and interview contact persons at local special education services (diagnostic, therapeutic, remedial programs).

- Contact local early childhood programs by letter to let them know about Pathways Project, follow-up with phone survey to guage willingness to integrate; past experiences with handicapped children; support needs.

- Generate sources of referrals of children to placement in integrated settings.

- Establish an Advisory Group to the Outreach Component possibly including persons affiliated with: Kalamazoo Valley Intermediate School District; Department of Social Services; the Early Childhood Education community; parent(s) of young special children; Public Health; area government and others. This group would provide feedback, recommendations and assist in the selection of outreach sites for placing children.

- Participate in local workshops and conferences.

- Explore how I can be helpful as a liason between KVISD and local early childhood programs.

Phase II: <u>Selection of Sites for Integration</u>

- To visit a wide variety of centers showing interest in Pathways that serve young children of different ages and to document the kinds of programs, interactions, materials, etc. provided for children.

- To select 2-3 early childhood programs (minimum) which provide a quality program for young children and their families, that are willing to integrate young special children.

- To orient centers' decision makers to the Pathways Project and obtain approval for participation.

Activities:

- Identify interested centers and visit programs (with advisory members whenever possible).

- Document center programs using Visitation Record.

- Develop recommendations for Site Selection with advisory group. Decision on site selection will be finalized with Pathways staff.

- Orient and negotiate with staffs of centers concerning participation in Pathways.

- Gain approval of decision makers in centers (through meetings, discussions, orientation programs).

Phase III: Placement of Children
Support and Facilitation of Integrated Placements

Goals:
- To place 5-10 handicapped children in integrated settings.

- To provide a careful match between child/family and center/classroom.

- To provide ongoing support services and training experiences for center staff and parents of special children.

Activities:
- Individually negotiated placement process and IEP for each child.

- Support Services:

  - orientation
  - problem solving
  - materials
  - observations
  - in classroom modeling
  - inservice sessions
  - etc. as needed.

Phase IV: Evaluation/Dissemination

Goals:
- To document the process of establishing a regional outreach program.

- To evaluate the effectiveness of model replication sites.

- To produce materials for classroom curriculum, support service delivery and staff development for use by other communities. (Jointly with other Project Staff).

To: Pathways Staff-MSU
Intrac-PET Staff-KVISD
September 5, 1978
Page 4

Activities:

- Ongoing documentation of my efforts using anecdotal information, checklists, etc.

- Evaluation of child progress, staff development, center adaptation, parent participation using standardized, self reporting and anecdotal methods.

- Produce Project Handbooks on various components of Pathways model (child placement, Support/Facilitation, Staff development, Advocacy, etc.)

Phase V: Continuation

Goals: - To explore sources of support and funding for local continuation of supported integration of young handicapped children beyond 1978-79 outreach year.

Activities:

- Negotiation with local agencies.

- Grant proposal writing

- Other imaginative methods!

Your ideas and comments will be greatly appreciated. I especially need tips on key contact people in the Kalamazoo area. I'd be happy to accompany you on visits to other agencies and programs. And please let me know how I can be of help to you.

cc: Dr. Bob Boger - MSU
Annlee Decent - KVISD
Karol Peterson - Croyden Avenue School

HG:jo

Social Security #_____

SURVEY OF TERMINOLOGY;
MAINSTREAMING AND HANDICAPPING CONDITIONS

I. Below is a set of terms and descriptive phrases. For each term select the phrase below that best describes it. Enter the appropriate number in the space provided. (There are 6 extra phrases below).

TERMS

_____ mainstreaming

_____ I.E.P.

_____ P.L. 94-142

_____ audiologist

_____ E.P.P.C.

_____ IQ

_____ behavior modification

_____ physical therapist

_____ minimal brain dysfunction

_____ hyperactive

PHRASES

1. written educational plan for each handicapped child detailing how special education and related services will be provided
2. a specific score
3. decides educational placement and objectives for a handicapped child
4. associated with positive reinforcement
5. evaluates extent of physical disability under physicians direction
6. placement of handicapped child into appropriate, least restrictive educational environment
7. term occasionally used to describe learning disabilities
8. fits individuals with hearing aids
9. a handicapped child in a regular classroom
10. mandates a free appropriate publ education for handicapped childr
11. conducts screening and diagnosis of hearing problems
12. child who constantly squirms, turns, and twists, and has about a 10 - 20 second attention span
13. helps build special equipment u for locomotion (eg. braces, crut etc.)
14. used as an indication of intelle functioning
15. Environment Planning and Protec Clause
16. mandates services to handicapped children from birth to 18 years

II. In the following pairs of sentences, certain terms and phrases are underlined. In each pair, one sentence reflects the better or most accurate use of the term/phrase. Please circle the word "better" in front of the sentence that uses the underlined term/phrase in a more appropriate or accurate way.

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

PATHWAYS

1. Better: A handicapped child if placed in a least restrictive environment will be placed in a regular educational setting.

   Better: A handicapped child if placed in a least restrictive environment will be placed in an educational setting that will meet his/her individual needs and abilities.

2. Better: The Federal and state mandatory special education laws prohibit reimbursement of private child care centers for services provided to handicapped children unless they are placed by the special education agency.

   Better: The Federal and state mandatory special education laws allow for some reimbursement of private child care centers for services provided to handicapped children.

3. Better: Based on recent research data, it has been found that a handicapped child in a regular preschool classroom requires much more teacher attention than the average nonhandicapped child.

   Better. Based on recent research data, it has been found that a handicapped child in a regular preschool classroom requires only a little more teacher attention than the average nonhandicapped child.

4. Better: "David will be able to button the bottom button of his shirt within six weeks." is an example of a long term objective for an orthopedically handicapped child.

   Better: "By the end of the year, David will be able to put on and button his shirt by himself." is an example of a long term objective for an orthopedically handicapped child.

5. Better: A child who cannot tell a story in the right order may have a sequence problem.

   Better: A child who reverses word order when telling a story may have a sequencing problem.

III. In each of the following sentences there are one or more words or terms missing. Write in the word(s) or term(s) that most accurately complete the sentence.

1. The Michigan Mandatory Special Education Act mandates appropriate educational programs and services for handicapped persons from _____ to _____ years of age.

2. An overall slowness in development is characteristic of children who are _____.

3. Assessments for emotional impairments must be conducted by a _____

4. A five year old child who pronounces sounds so poorly that his/her speech cannot be understood by others has a serious _____ probl

5. _____ refers to the ability to see clearly.

6. Mentally retarded children who need help meeting all of their daily needs are usually classified as _____ mentally retarded.

7. According to 1978 Michigan statistics, there are more _____ impaired children in Michigan than children with any other impairment.

8. Many visually impaired children need _____ training so they can learn how to move about safely and independently.

9. Some of the behaviors which are typical of children with _____ _____ are impulsiveness, perseveration, inability to follow directions and distractability.

10. A 30 decibel hearing loss is less than a _____ decibel hearing loss.

IV. In the following sentences are blanks that can be filled by technical terms regarding mainstreaming and handicapping conditions. The sentence describes the condition or factor. Write in the letter of the correct term from the list below in the space provided in the sentence.

TERMS

A. total communication
B. congenital
C. assessment
D. rate of learning
E. labeling
F. categorical
G. thirst
H. conductive loss
I. sign
J. receptive language
K. communicate
L. emotionally impaired
M. cerebral palsy
N. intelligence
O. due process
P. functional
Q. parental input
R. muscular dystrophy
S. psychological
T. autistic
U. pale, moist skin
V. sensori-neural loss
W. normal
X. adventitious

PHRASES

1. Determining the precise nature and extent of a child's disability so that appropriate prevention and assistance measures can be taken is the purpose of the _____ process.

2. The purpose of _____ is to build an effective review and control mechanism to guard against improper labeling and classification of children.

3. _____ blindness results from such things as disease, injury, poisoning, genetic or heritary conditions which appear after birth.

4. Learning to _____ is the central problem a hearing impaired child faces.

5. A problem with the inner ear or with the nerves that carry sound to the brain is referred to as a _____.

6. _____ refers to the use of manual and oral communications at the same time.

7. Dangerously aggressive, withdrawn, hyperactive, psychotic or anxious are terms used to describe the behavior of some children.

8. A _____ diagnosis of a child provides a developmental profile of the child's abilities.

9. _____ is the most important concept in the diagnosis of a mentally retarded child.

10. The name given to conditions in which injury to the brain affects the control of movements is _____.

11. _____ is characteristic of a diabetic child who is having an insulin reaction.

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

PATHWAYS

Social Security #_____

BACKGROUND AND EXPERIENCE INFORMATION

Please check or fill in the response which most accurately describes you and your present experiences. Please complete every question.

1. Age:
   - _____ under 20
   - _____ 20 - 25
   - _____ 26 - 30
   - _____ 31 - 35
   - _____ 41 - 45
   - _____ 46 - 50
   - _____ 51 or older

2. Sex.
   _____ Male _____ Female

3. Racial and Ethnic Background:
   - _____ White
   - _____ Native American
   - _____ Black
   - _____ Hispanic
   - _____ Oriental
   - _____ Other (please specify)_____

4. Educational Attainment:
   - _____ Some high school
   - _____ High school graduate
   - _____ Junior/community college (2 years)
     Associate degree earned? _____ Yes _____ No
   - _____ College/university
     Number of years? _____
     Degree earned? (Circle one)
     B.S. B.A. M.S. M.A. Ph.D. Ed.D. M.D. LL.D.

5. What was your major in college? _____

6. a. Do you have a teaching certificate?

( ) Yes----------GO TO QUESTION 6b BELOW
( ) No----------GO TO QUESTION 7 BELOW

6. b. If you have a teaching certificate, what kind is it?

_____ Child Development Associate

_____ Elementary Education with Early Childhood Endorsement

_____ Preschool/Kindergarten

_____ Elementary Education

_____ Secondary Education

Which disability area(s)?

_____

_____

_____ Other (please specify)_____

7. a. Are you a parent? (check one)

( ) Yes---------- GO TO QUESTION 7.b. BELOW

( ) No ---------- GO TO QUESTION 8.a. BELOW

b. If you are a parent, are you a

_____ parent of child(ren) considered handicapped

_____ parent of nonhandicapped child(ren)

_____ parent of child(ren) in preschool

_____ parent of child(ren) not in preschool

8. a. Have you had any experiences (other than teaching) interacting with handicapped children from birth to six years of age?

( ) Yes----------GO TO QUESTION 8.b. ON THE NEXT PAGE

( ) No----------GO TO QUESTION 9.a. ON NEXT PAGE

b. Please complete the following chart. In the first column, "Specific Child", write in the first name of each handicapped child you have interacted with. In the second column, "Type of Handicap", indicate the type of handicapping condition each child had. In the third column, "Amount of Interaction", indicate approximately how much time, in hours and minutes, you spent with each child each week. In the fourth column, "Length of Interaction in Years and/or Months", indicate the total length of time you (have) interacted with each child.

Specific Child (first name only)	Type of Handicap	Amount of Interaction (hrs., min./ week)	Length of Interaction (yrs. &/or mos.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

9. a. Are you presently teaching in a classroom with at least one handicapped child?

( ) Yes

( ) No

b. How long have you taught in this position?

_____years _____months

c. Have you ever taught in a classroom with at least one handicapped child?

( ) Yes----------GO TO QUESTION 9.d. BELOW

( ) No----------GO TO QUESTION 9.e. ON THE NEXT PAGE

d. How long did you teach in that classroom?

_____years _____months

e. If you answered "Yes" to either a or c above, please complete the following chart for each handicapped child you have taught. In the first column, "Specific Child", write in the first name of each handicapped child you have interacted with. In the second column, "Type of Handicap", indicate the type of handicapping condition each child has (had). In the third column, "Amount of Interaction", indicate approximately how much time, in hours and minutes, you spent with each child each week. In the fourth column, "Length of Interaction in Years and/or Months", indicate the total length of time you (have) interacted with each child.

Specific Child (first name only)	Type of Handicap	Amount of Interaction (hrs., min./ week)	Length of Interaction (yrs. and/or mos.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

10. Approximately how many in-service training programs and/or workshops have you attended in the past two years related to:

_____ planning and implementing programs for children 2 to 6 years of age?

_____ normal child growth and development?

_____ meeting the needs of handicapped children?

_____ working with parents of young children?

11. Approximately how many college/university courses have you taken related to:

_____ planning and implementing programs for children 2 to 6 years of age?

_____ normal child growth and development?

_____ the education of and meeting the needs of handicapped children?

_____ working with parents of young children?

12. Given that you are asked to accept a mildly handicapped (e.g., stutterer, partially sighted or mildly hearing impaired) child into your regular classroom, how would you feel about this request? Read each of the stated conditions and circle the number that expresses most closely how you would respond:

a. If you are provided with no additional assistance:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

b. If you are provided with an additional teacher aide in your classroom:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

c. If a resource person who has had extensive training and experience working with young handicapped children would be available to assist you in planning for and integrating the child:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

d. If you are provided with the assistance of both an additional teacher aide and a resource person:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

13. Given that you are asked to accept a moderately handicapped (e.g., moderate retardation or moderately visually impaired) child into your regular classroom, how would you feel about this request? Read each of the stated conditions and circle the number that expresses most closely how you would respond:

a. If you are provided with no additional assistance:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

b. If you are provided with an additional teacher aide in your classroom:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

c. If a resource person who has had extensive training and experience working with young handicapped children would be available to assist you in planning for and integrating the child:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

d. If you are provided with the assistance of both an additional teacher aide and a resource person:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

PLEASE CONTINUE ON NEXT PAGE

14. Given that you are asked to accept a severely handicapped (e.g., deaf, blind or quadriplegic) child into your regular classroom, how would you feel about this request? Read each of the stated conditions and circle the number that expresses most closely how you would respond:

a. If you are provided with no additional assistance:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

b. If you are provided with an additional teacher aide in your classroom:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

c. If a resource person who has had extensive training and experience working with young handicapped children would be available to assist you in planning for and integrating the child:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

d. If you are provide with the assistance of both an additional teacher aide an a resource person:

5	4	3	2	1
always accept	probably accept	undecided	probably not accept	never accept

Toddler Observation (expansion of Parten Scale)

M. Andrews

Code	Description
R	Routine - Nonsocial interaction, emphasis on teacher assigned or self help tasks, i.e., toileting, washing hands, eating, putting away
R+	Routine - Above and some interaction with others but interactions initiated by circumstances or teacher - not child
1	Unoccupied - Same as Parten
2	Solitary - Same as Parten
3	Onlooker - Same as Parten, aware of children - attending to social interactions of others
S	Searching - Onlooker but in relation to a material or activity or looking for a person
4	Parallel I - Proximity, shared activity - no or little interaction or awareness of others
4+	Parallel II - More awareness/interaction
5	Assoc I - Talking or sharing materials due to env. constraints
5+	Assoc II - Same as Parten - emphasis on social nature of interaction
6	Coop I - Implied give and take or goal orientation, short span and out-of-group
6+	Coop II - Same as Parten - sense of "group" and definite solidarity, purpose

Institute for Family and Child Study
HMH # 2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

PATHWAYS

Institute for Family and Child Study
HMH #2, College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

PATHWAYS HANDBOOK

TABLE OF CONTENTS

Acknowledgements . . . . . i.
Dedication . . . . . vii.
Introduction 1

INTEGRATING YOUNG HANDICAPPED CHILDREN INTO THE WORLD OF EARLY CHILDHOOD
An Introduction to Integration/Mainstreaming 5
By Helene Ginsberg

PLACING YOUNG HANDICAPPED CHILDREN INTO REGULAR PRESCHOOL PROGRAMS: IMPORTANT CONSIDERATIONS
By Mary Wandschneider, Helene Ginsberg and Carol Fredrickson
The Young Special Child: A Likely Candidate for Integration? What to Look for 9
Characteristics of Teachers who are Likely Candidates to Integrate Handicapped Children into Their Classroom 11
An Introduction to Child Care Programs 11
Guidelines for Choosing a Child Care Program 14
The Economics of Day Care and Preschool Tuition and Transportation . . . 15

THE CHILDREN'S EXPERIENCE: HELPING HANDICAPPED AND NON-HANDICAPPED CHILDREN LEARN TOGETHER
By Helene Ginsberg
Sharing Information About Differences/Disabilities with Children 21
Preparing Children for a Special Classmate 23
Guidelines for Facilitating Interactions 25
Curriculum Ideas for Young Children: Learning About Special Needs . . . 26
Responding to Individual Needs: Classroom Adaptations for Special Children 29
Annotated Bibliography of Children's Books Appropriate to Aid in Integration 41
Annotated Bibliography of Adult Books Appropriate to Aid in Integration 49

FOR AND ABOUT PARENTS OF YOUNG HANDICAPPED CHILDREN IN THE MAINSTREAM
By Mary Wandschneider and Helene Ginsberg
Effects Upon the Family of Having a Handicapped Child 65
Parents and Professionals Working Together 66
Starting Out: Helping Your Special Child's Transition into an Early Childhood Program 69
How Parents Can be Helpful to Teachers 70
Annotated Bibliography: Effects Upon the Family of Having a Handicapped Child; and Parents of Handicapped Children and Professionals Working Together 72

INDIVIDUAL DIFFERENCES: INDICATIONS AND DEFINITIONS OF SPECIAL NEEDS IN EARLY CHILDHOOD
By Helene Ginsberg, Sally Atkins-Burnett, and Carol Fredrickson
A Brief Overview of "Normal" Child Development 77
Help! Am I Imagining It - Or Does This Child Have a Problem?: A Guide to Early Warning Signals of Special Problems in Early Childhood 80
Educational Definitions of Handicapping Conditions 89

WHAT YOU CAN EXPECT FROM THE SCHOOL DISTRICT
By Mary Wandschneider and Helene Ginsberg
Special Education Laws 95
Special Education Procedures 97
Who Provides and Who Pays for Special Education Services? 98
Special Education Preschool Programs in the Ingham Intermediate School District 98
Special Education Preschool Programs in the Kalamazoo Valley Intermediate School District 113
Support Services From the Ingham Intermediate School District (IISD) to Private Preprimary Programs 117
Information on Laws and Legal Rights of Handicapped Children, An Annotated Bibliography, 1979 118

ANNOTATED COMMUNITY RESOURCES
By Mary Wandschneider and Helene Ginsberg
Greater Lansing Area 121
Greater Kalamazoo Area 140

GLOSSARY 149
By Mary Wandschneider and Nancy A. Carlson

ARTICLES AND FORMS OF USE IN INTEGRATING YOUNG HANDICAPPED CHILDREN
Compiled by Mary Wandschneider
ARTICLES:
Integrating the Special Child 167
Why Preschool Integration 173
The Case for "Special" Children 175
A Letter to my Colleagues in Early Childhood Education 179
So We Do Talk About the Future 183
Child to Child Program: Understanding Children Who Have Special Problems 193
FORMS:
Introductory Letter to Parents 201
Teacher Development Checklist 203
Integration Opinionnaire 209
Classroom Socio-Observation 213
Children's Behavior Checklist 219
Individualized Education Program (I.E.P.). 223
Anecdotal Records 225

Table A-1
McCarthy Scores

Scale	Raw Score		Scaled Index	
	Fall 10/78	Spring 5/79	Fall 10/78	Spring 5/79
Verbal				
Louise	37	50	32	37
Jake	25	40	+22	30
Ned	26	31	42	35
Nils	22	41	48	52
Lynn	15	20	+22	+22
Perceptual Performance				
Louise	11	38	+22	33
Jake	36	38	37	33
Ned	10	20	32	36
Nils	34	39	73	66
Lynn	8	18	+22	+22
Quantitative				
Louise	6	14	+22	30
Jake	13	12	31	25
Ned	6	9	36	31
Nils	6	17	46	57
Lynn	0	1	+22	+22
Memory				
Louise	3	14	+22	+22
Jake	14	20	26	28
Ned	15	17	46	38
Nils	9	26	47	57
Lynn	4	3	+22	+22
Motor				
Louise	5	24	+22	23
Jake	22	29	28	29
Ned	12	30	32	35
Nils	19	27	59	55
Lynn	7	24	+22	+22
General Cognitive				
Louise	54	102	+50	69
Jake	74	90	59	63
Ned	42	60	76	76
Nils	62	97	110	114
Lynn	23	39	+50	+50

Table A-2
Average Change in Development as measured by the McCarthy

Mild to Moderate	N	Fall	Spring	Change
Verbal	4	36	39	+3
Perception		41	42	+1
Quantitative		34	36	+2
Memory		35	36	+1
Motor		35	36	+1
General Cognitive		74	81	+7

Table A-3
Learning Accomplishment Profile: Rate of Development

Mild to Moderate	Gross Motor			Fine Motor			Self-Help			Language			Cognitive		
	pre	post	change	pre	post	change	pre	post	change	pre	post	change	pre	post	change
Karen	91%	88%	-3	91%	96%	+5	82%	90%	+8	61%	66%	+5	73%	72%	-1
Kirk	80%	91%	+11	53%	64%	+11	87%	82%	-5	70%	68%	-2	70%	82%	+12
Ned	83%	85%	+2	87%	96%	+9	100%	100%	--	87%	100%	+13	87%	89%	+2
Jake	75%	94%	+19	91%	94%	+3	94%	94%	--	84%	86%	+2	97%	103%	+6
Aaron	not applicable			111%	120%	+9	83%	90%	+7	111%	180%	+69	111%	145%	+34
Nils	110%	127%	+17	126%	136%	+10	110%	109%	-1	110%	109%	-1	126%	140%	+14
John	93%	94%	+1	80%	109%	+29	90%	91%	+1	80%	109%	+29	110%	109%	-1
x change in rate of development			+7.83			+10.86			+1.43			+16.43			+9.43

A-85

Rate = $\frac{DA}{CA} \times 100$

Time lapse pre/post - 6 months

Table A-4
Learning Accomplishment Profile: Rate of Development

	Gross Motor			Fine Motor			Self-Help			Language			Cognitive		
Moderate to Severe	pre	post	change	pre	post	change	pre	post	change	pre	post	change	pre	post	change
Casey	not applicable			74%	83%	+9	insufficient info			70%	73%	+3	74%	76%	+2
Lynn	58%	64%	+6	58%	67%	+9	insufficient info			42%	54%	+12	42%	54%	+12
Sharon	56%	69%	+13	55%	69%	+14	47%	69%	+22	47%	60%	+13	34%	43%	+9
x change in rate of development			+9.5			+10.67			+22.0			+9.33			+7.67

A-86

Rate = $\frac{DA}{CA}$ x 100

Time lapse = 6 months

Table A-5
Learning Accomplishment Profile: Rate of Development

Mild to Moderate	Gross Motor			Fine Motor			Self-Help			Language			Cognitive		
	pre	post	change	pre	post	change	pre	post	change	pre	post	change	pre	post	change
Liz (3 mos.)	106%*	101%	-5	106%*	101%	-5	106%*	101%	-5	79%	101%	+22	96%	101%	+5
Edna (3 mos.)	55%	93%	+38	83%	107%	+24	86%	93%	+7	57%	80%	+23	57%	73%	+16
Sam (5 mos.)	111%	140%	+29	92%	112%	+20	74%	112%	+38	118%	112%	-6	105%	112%	+7
Allen (3 mos.)	74%	103%	+29	79%	84%	+5	79%	80%	+1	66%	81%	+15	69%	84%	+15
Harry (4 mos.)	92%	114%	+22	46%	63%	+17	77%	118%	+41	58%	129%	+71	112%	111%	-1
x change in rate of development			+22.6			+12.2			+16.4			+25.0			+8.4

A-87

Rate = $\frac{DA}{CA} \times 100$

Time Lapse = 3-5 months

*at "pre" child reached ceiling of test in these areas; growth not accurately measured by test.

Table A-6
Learning Accomplishment Profile: Rate of Development

Moderate to Severe	Gross Motor			Fine Motor			Self-Help			Language			Cognitive		
	pre	post	change	pre	post	change	pre	post	change	pre	post	change	pre	post	change
Leila (4 mos.)	42%	43%	+1	56%	88%	+32	64%	70%	+6	83%	115%	+6	83%	113%	+30
Jill (3 mos.)	131%*	124%	-7	87%	103%	+16	131%*	124%	-7	87%	103%	+4	109%	110%	+1
Henry (4 mos.)	not applicable			108%	126%	+18	79%	79%	+0	113%	117%	+4	123%	133%	+10
x change in rate of development			-3			+22			-.33			+17.3			+13.67

Rate = $\frac{DA}{CA} \times 100$

Time Lapse = 3-4 months

*at "pre," child reached ceiling of test in these areas; growth not accurately measured by test.

A-88

Table A-7
California Preschool Social Competency Scale:
Changes in Social Development

	Fall 1978			Spring 1979				Fall 1978
Mild to Moderate	raw score	percentile	C.A.	raw score	percentile	C.A.	percentile change	Classroom Average Raw Score
Emily	76	23	4.6	90	48	5.0	+25	86.7
Jake	79	27	5.4	91	56	5-10*	+29	83.0
Nils	71	36	3.2	89	73	3-8	+37	83.0
Ned	66	23	3-11	81	50	4-5	+27	77.8
Karen	52	5	3-10	81	50	4-5	+27	77.8
Kirk	72	16	5-1	96	70	5-7*	+54	104.3
Moderate to Severe								
Tim	54	6	3-6	70	23	4-0	+17	71.7
Lynn	57	2	6-0*	64	5	6-6*	+3	85.3
Sharon	52	1	6-4*	55	2	6-10*	+1	110.0
Spencer	55	6	4-5	67	18	4-11	+12	68.7

*Based on C.A. of 5-6

A-89

The State Journal
Tuesday, May 29, 1979, Lansing, Michigan

Handicap program 'education in life'

By W. KIM HERON
Staff Writer

Karen Ritts remembers well the day when one of her kindergartners spotted the child with one limb in his wheel chair, his artificial legs hanging off the back the chair. The little girl began to cry uncontrollably at the sight in the hallway.

"I saw her with this horror on her face...that someone would have his legs hanging on the chair," recalled Ms. Ritts, the director of Eastminster Child Development Center in East Lansing.

"I had to talk to this child in terms I thought she could finally understand," Ms. Ritts continued. She explained that the child was born that way, but in this case had special legs built.

The child said to her " 'you mean like the bionic man?' That was something in her experience that clarified it for her, that made it OK with her," Ms. Ritts added. "I've seen adults the same way."

THOSE ARE the kinds of experiences Ms. Ritts and others point to in claiming success for a three-year-old program to place children with mild to severe handicaps in regular nurseries, day care centers and pre-school centers.

Although the Pathways project, which has placed more than 50 handicapped children in eight Lansing-area nurseries, was initiated for the benefit of the handicapped students, their non-handicapped classmates are receiving an education in life.

"The assumption behind the program is if handicapped children are capable of imitation, they will benefit greatly from the peer modeling," said Mary Wandschneider, coordinator for the program. "There has been a great deal of progress on the part of the handicapped children in social and emotional growth."

In the case of Eastminster, handicapped children had been admitted for several years prior to the program. But where that formerly meant one or two handicapped children among the approximately 100 students, the school now sets aside one space in each classroom for a handicapped child and stipulates that there will be no fewer than five at a given time.

"She's learning how to function in the real world . . . she's going to have to survive . . . "

That was largely because of the assistance given to the center under the Pathways program. A backup staff assisted in problems the teachers encountered, counseled the parents to find a match between the child and the institution, and cut through red tape with the Department of Social Services, school districts, and other groups also involved with the same children.

IT ALSO INVOLVED meetings with all parents to explain the program to them. "In our meetings, the parents were very accepting," said Ms. Wandschneider. "They say, 'I want my child to be accepting of children who are different.'"

And because children at the ages involved vary widely in their development, she added, in some cases the handicapped children are hardly noticeable in the class.

When the handicaps are more severe, it means that the staff must first overcome its own inhibitions and uncertainties. "Sometimes you're almost fearful when you see someone so different," Ms. Ritts said of one of her pupils.

In another case, she recalled a child who was severely epileptic and had to be hospitalized several times during the course of the year. Although the child pulled through the ordeal, it meant talking to the other children with the idea of death.

In that case, the Pathways staff helped by supplying a good bibliography on death and dying for young children. Later, a guinea pig at the center became a catalyst for talking with the children "about what death is and what it means."

FOR KATY ALLEN, the mother of a five-year-old suffering from Down's Syndrome, the program has been extremely beneficial for her daughter's speech and social development. "She's learning how to function in the real world — and when the school system peters out, she's going to have to survive in the real world," she said.

Although the Pathways program will be discontinued at the end of this academic year with the expiration of the federal grant, a second program will begin in the fall training teachers and a graduate assistants, who are prospective teachers, in working with handicapped pre-schoolers.

And programs similar to Pathways could be initiated throughout the state, depending on the outcome of a pending State Attorney General's opinion which was requested by State Rep. David Hollister, D-Lansing, last November.

The state now mandates services for handicapped pre-schoolers through the school districts, but there is no agreement on what constitutes service. Around the state, the programs range from home visits by teachers, to classes solely for the handicapped to programs integrated with those for other children.

Hollister's contention is that private pre-schools are the most appropriate settings in some instances since the state has no established pre-school system. His request asks whether the state should then assist the private programs, and perhaps even reimburse parents of handicapped children for tuition.

Handicapped Children Do Well in Normal Class

EAST LANSING (UPI) — What proved "special" about 10 handicapped children involved in a unique Michigan State University preschool program during 1976-77 is that they weren't so special after all.

The children, who exhibited symptoms of slow development, vision or hearing loss or Downs Syndrome, attended either a campus day care center, nursery school or parent cooperative nursery school with normal children their own age.

Studies and observations compiled by teachers and project staff workers show the children did not require much extra attention because of their handicaps and that their language, social and emotional development improved in all cases.

"Results of the program so far suggest that the earlier a 'handicapped' child is integrated into an environment with normal children, the easier it is for teachers and children alike to accept each other's differences and learn from each other," said project coordinator Nancy Carlson of MSU.

The program is moving into its second year with a $105,000 federal grant.

"Preschool children are more curious and less prone to cruelty and scape-goating," Dr. Carlson said.

"They are too young to understand abstractions, including the concept of 'handicap,' but they learn well from concrete, positive models."

The teachers also observed that of all curricular activities, music and rhythm appealed most to handicapped children. The best dancer in one class was a five-year-old girl with impaired hearing and several nonverbal children could sing whole songs verse for verse.

Tom Caldwell
CHARLEVOIX - EMMET
INTERMEDIATE SCHOOL DISTRICT
MERCER BOULEVARD
CHARLEVOIX, MICHIGAN
49720

– Nancy –

A nice article for a job well done – Do you have Rules and Regulations to follow? – Nice to see you.

Tom

Margaret Soffin
618 Grove Street · East Lansing, Michigan 48823

letter of support

May. 26, 1977

Dear Nancy

We'd like you to know how pleased we are with Katie's first year at the Lab. School.

Colleen Conaton is largely responsible for Katie's good feelings about school. Katie's many positive school experiences have contributed to her growing self confidence; social, intellectual, and creative skills.

Colleen has made a point to get to know her well which has enriched Katie's school relationships.

Colleen's classroom is a pleasure to watch. She manages staff and children most professionally. We are sorry to see Katies year

with Colleen and. Our compliments to you for putting her on your staff.

We look forward to future association with the LPS.

Sincerely.
Margaret Soffin

Margaret Soffin
618 Grove Street · East Lansing, Michigan 48823

Please note
Colleen ✓
Sharon ✓
Anne ✓
Mary V.
copy to file

Nancy Carlson

November 6, 1977

Dear Dr. Carlson,

I wanted to take this time to express my sincerest appreciation for all of the help that you and your staff have been to me in the past years. Whether is was for a friend's child or my own, you were always available and willing to take on the responsibility of solving the problem or seeking further counsel for our needs.

There have also been several times when Donna Howe has listened with a patient ear to my problems .

When I was a tutor at Post Oak Elementary School, you were more than helpful. You opened up your personal resources such as magazines and books to my disposal, and you involved yourself in helping me establish a workable program with the classroom teacher for a child in her class with exceptional problems. For her as well as myself, it was an awakening as to how easy it can be at times to meet the needs of a child with learning handicaps within a regular classroom.

Thus the availability of you and your staff have made the sincerest of impressions upon not only my life, but the homes of a number of my friends and their children. The services which

your office has established already have made a significant imprint on this community. To my mind comes the resource of the library in the lab preschool which covers topics on exceptional chidren and which is open to the community as they may need its services.

Also the assistance in finding counseling or testing for children whose parents have looked everywhere else to no avail, will always be valuable to this community.

Again, I thank you for your help and your sincere professional spirit.

A-95

Sincere Regards,

Cassandra L. Collar

March 30, 1979

Helene Ginsberg
Kalamazoo Valley Intermediate School District
Croyden Avenue School
4606 Croyden Ave.
Kalamazoo, Michigan 49007

Re: Pathways Project and the Placement of Jimmy Shaw

Dear Helene:

My husband and I wanted to express our thanks in finding such a suitable placement for our son, Jimmy. Even at only age three, we'd say our son fits in very well at Canterbury Center. The staff and children treat him like a "normal" child, and at the same time meet his special needs (bracing, diaper changing, etc.). We feel this placement is definitely an asset to his social development, and an important addition to his schooling at Parkwood-Upjohn.

We wish you continued success and every hope that the Pathways Project will continue. Kalamazoo needs this program. We benefited by it, others have, and many more need it! We fully support you in your efforts.

Sincerely,

Mr. + Mrs. William Shaw

May 7, 1979

Ms. Nancy Carlson
Institute of Family & Child Studies
Home Management House #2
Campus

Dear Ms. Carlson:

We would like to express our full approval of the Pathways Project at MSU. As parents of Jolene Fettig, we had the good fortune of profiting directly from this excellent program and talented coordinator, Annette Remsburg. My wife and I are extremely grateful for Annette's determination and perseverance, which may have come just in the nick of time.

Jolene has profited immensely from the mainstream program at Abbott Nursery, also thanks to the understanding and concern of teachers Pam DeNeen and Joan Marble.

We were fortunate enough to catch the Pathways program in its third and final year. We heartily endorse any similar programs that may be "in the wind"--for all of the other "Jolenes" out there.

Annette's dedication and hard work in making the program work through Abbott should not go unnoticed--we have too often been confronted with experts at paper shuffling in special education today. Action and help can be hard to find.

When it comes to "sizing-up" people and their integrity, Jolene is smart, like any kid. It took me a little longer to realize the full benefit of Annette Remsburg (and the Pathways Program), but I know it now.

"Annette" is one of the first names Jolene has been able to master. It is a household name at our place--Jolene's "hero", and ours, too.

Sincerely,

Ken Margaret Fettig

Ken and Margaret Fettig
4449 Oakwood Dr.
Okemos, MI 48864

cc: A. Remsburg

October 26, 1979

Dr. Nancy Carlson
Michigan State University
Institute for Family and Child Study
Home Management House, Unit 2
East Lansing, Michigan 48824

Dear Nancy:

We want to convey to you our appreciation for the involvement our son David had in the PATHWAYS Project. It has been a very rewarding experience both for David and us.

When we began in the project I was not convinced that David would be able to make it in the "normal" nursery school setting. I had many doubts and felt we may have to quit if he couldn't handle it.

But with the dedicated support and consistent work of the teachers and PATHWAYS staff, I was delighted to watch our son adjust beautifully. He loved school and went with great enthusiasm. From my observations and teachers comments I felt he "blended in" extremely well and was not singled out by other children as being different. In fact, David had one or two very good friends at school, which certainly meets the program's goal.

In terms of our family, I think PATHWAYS was a great support. Our case facilitator was very helpful about discussing problems, thinking of ways to encourage growth in areas of concern, and providing us with updates on progress.

Our son is also involved in a special education program. Due to our experiences with PATHWAYS we were able to see ways to coordinate the goals of those programs and suggest areas to be worked on in the special ed programs.

I think the biggest benefit to me as a mother has been to my expectations raised for my child. Since I transported him everyday, I saw him often in the school setting. I was often amazed to see him able to do things I would never have expected of him. In that sense I see it as a wonderful parent-education program. This has not been true in the special ed classroom as much.

The biggest benefit to David that is measureable is his speech. He has grown extremely well in this situation. One of the problems in a special ed class is the lack of models. Both in David's speech and in his behavior we have seen him modeling the children at the nursery school. Those are invaluable experiences for him.

I honestly do not know what would have happened to our son if he had not had the PATHWAYS experience. We shall be forever grateful for the extra help he got at an early stage. Thank you from our family and David.

Sincerely,

Nancy Greenwold

Nancy Greenwold

TADS Suite 500 NCNB Plaza (919)
Chapel Hill, North Carolina 27514 967-9221

October 13, 1978

Ms. Nancy Carlson
Michigan State University
Institute/Family Child Study
Home Management House Unit #2
East Lansing, Michigan 48824

Dear Nancy,

It is a sincere pleasure for me to support your application for a BEH Personnel Preparation Grant. It is sad commentary when one is so busy working that they forget to take time out to say thank you to some of the significant others who have made it possible to move ahead.

Pathways at M.S.U. has been a major factor in the development of teachers of young handicapped children in the Michigan area, including myself. The on-site training provided handicapped preschoolers and their families has been outstanding. This has been due in large part to the rapport Pathways Consultants have established with teachers. The teachers at Eastminster were able to express honest feelings and emotions to the Pathways consultant. She in turn was able to provide sincere leadership to them. Observing staff grow and expand in their teaching abilities was fantastic!

As University staff it was terribly bold to venture into the community and provide training and support to community agencies. Due to your commitment to preschool handicapped children and the teachers working with them, you have broken the University/community communication barrier that so frequently exists. The supportive training provided to teachers was always well received. In fact the most frequent request for inservice training at Eastminster was to have the Pathways staff do a workshop or simply spend time talking with the staff about the needs of handicapped preschoolers.

Nancy, I have personally valued your supportive and professional direction too. Your encouragement of me to consider working with TADS was so wise. I now have an opportunity to work with state agencies and demonstration projects serving a vast variety of children and families. Continuously I reflect back to East Lansing and say to myself - "How would Helene or Nancy respond"? You truly have been fine models for me. Additionally, you are providing "stirling leadership" to the HCEEP network.

Best of luck in your coming year, I can not think of anyone else that I would more strongly support for a training grant.

Sincerely,

Beverly Osteen

BAO:stt

STATE OF MICHIGAN

DEPARTMENT OF EDUCATION

Lansing, Michigan 48909

JOHN W. PORTER
Superintendent of
Public Instruction

STATE BOARD OF EDUCATION
DR. EDMUND F. VANDETTE
President
ANNETTA MILLER
Vice President
BARBARA ROBERTS MASON
Secretary
DR. GUMECINDO SALAS
Treasurer
JOHN WATANEN, JR.
NASBE Delegate
BARBARA DUMOUCHELLE
DR. PAUL B. HENRY
NORMAN OTTO STOCKMEYER, SR.
Governor
WILLIAM G. MILLIKEN
Ex-Officio

October 20, 1978

Dr. Jasper Harvey
Bureau of Education for the Handicapped
U.S. Office of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202

Dear Dr. Harvey:

I am writing this letter to support the Early Childhood Personnel Preparation proposal from Michigan State University under the auspices of Dr. Nancy Carlson.

If you are not aware, it would be helpful for you to know a little about our "Preprimary" handicapped status in Michigan. We are in a state of transition at the present time with regard to regulations applying to preprimary handicapped programs. We are in the process of adding to our Special Education Law, P.A. 198, a set of rules and regulations which apply directly to preprimary age children. The proposed regulations include specific training requirements for all professionals and nonprofessionals who are working with preprimary children. It will be essential for university trainers to be prepared to meet these requirements.

In Michigan we have approximately 11,000 preprimary handicapped children from the ages of 3 - 5, with approximately 60% of these able to be integrated with nonhandicapped children. Therefore, our teachers of both handicapped and nonhandicapped need further training in order to be able to support the above stated needs. Additionally, supportive personnel working with preprimary handicapped children will also need further training to fulfill the recommended requirements.

I have been very impressed with the Pathways Project at Michigan State University and their work with integrating preprimary handicapped children with nonhandicapped children. I have no doubt that with information, data, etc., they are indeed most capable of training personnel in the area of early childhood. I highly recommend this project, both because of the exemplary nature of the Pathways Project, and because of our definite training needs in Michigan.

If you would like further information from me, do not hesitate to call me at 517/373-0923.

Sincerely,

Ruth M. Hayes

Ruth M. Hayes, Consultant
Title VI Programs

MICHIGAN
THE GREAT LAKE STATE

EQUAL OPPORTUNITY EMPLOYER

House of Representatives

LANSING, MICHIGAN 48909

DAVID C. HOLLISTER
FIFTY-SEVENTH DISTRICT
LEGISLATIVE OFFICE: 517-373-0826
DISTRICT OFFICE: 517-485-7277

COMMITTEES:
MENTAL HEALTH, CHAIRPERSON
CIVIL RIGHTS, MEMBER
PUBLIC HEALTH, MEMBER
SOCIAL SERVICES AND YOUTH, MEMBER

October 23, 1978

Jasper Harvey, Director
Division of Personnel Preparation
Bureau of Education for the Handicapped
Department of Health, Education and Welfare
Office of Education

Dear Dr. Harvey:

I am writing in support of Dr. Nancy Carlson's proposal which would seek to expand preparation for individuals who will work with young handicapped children, particularly in integrated settings.

Philosophically, I am in agreement with the federal and state requirements mandating the least restrictive environment for a child, including the option of integration into programs with typically developing peers. The most critical element to integrating handicapped children into ongoing programs for "normal" children is the teacher. For the teacher, both readiness and skills are important. These include being: comfortable with his or her own feelings about differentness or handicaps, and competent with implementing the integration itself. Being able to facilitate integration necessitates being able to, at least: 1) make needed adaptations in the classroom or program, 2) know how to get and use needed people and written resources, 3) work with parents of "special" children, and 4) help the "normal" children and their families accept having a special child in the program. Few teachers would have such skills without prior experience working with handicapped children within an ongoing program.

Dr. Carlson's proposal offers student teachers and other direct providers experience in integrated classrooms. It also trains future administrators to provide training and back up for their staff who will be working with young handicapped children. These trained people will be working in programs throughout the state, and will have the kind of expertise necessary for integration to be successful.

For the past two and a half years Dr. Carlson has been director of a project--Pathways--providing support services to parents, teachers, children and cooperating agencies to facilitate integration. A strong element of the Pathways project has been advocacy for the option of integration for those young handicapped children for whom that option is appropriate. A spin-off of the project has been dissemination of the preschool mainstreaming idea, and a willingness on the part of those involved to continue the approach in other settings. They have been the strongest advocates of the program. The purpose

of the personnel preparation project will be to focus directly on preparing individuals to accept the handicapped child into whatever setting they enter. An expected outcome will be advocacy by those individuals.

In Michigan, few preschool handicapped children have had program experiences with integration. In order to adequately respond to the need for early integration, more staff people trained to work with handicapped children are needed. Dr. Carlson's proposal would supply that needed training and for that reason I enthusiastically endorse her proposal.

Thank you for your consideration.

Sincerely,

David C. Hollister
State Representative
57th District

MICHIGAN STATE UNIVERSITY

COLLEGE OF HUMAN ECOLOGY · OFFICE OF THE DEAN
HUMAN ECOLOGY BUILDING

EAST LANSING · MICHIGAN · 48824

December 17, 1976

To: United States Office of Education
Bureau of Education for Handicapped

From: Lois A. Lund, Dean
College of Human Ecology

It is with very real pleasure that, on behalf of the College of Human Ecology, I add my support for the attached proposal. This proposal exemplifies a model of child care and education espoused by child educators in this College since start-up of developmental programs for the very young. The child is viewed within his or her full ecological context ... parents are seen as key and primary educators ... the home is seen as the first learning place ... the school is seen in both its formal educative and supportive functions. This is the context in which this proposal is framed. The child is the focus; the ecosystems of home, school and community are given opportunity to address the needs of the child.

Handicapped children are special children requiring special attentions ... special attentions "within" society, not "outside" society. The integrative model proposed herein is one which I believe can provide, at reasonable cost and with good long-run effectiveness, a sensible and supportive approach to starting handicapped children on their way to becoming productive adults.

I am pleased to add my endorsement to those of others. I believe the results of this project could form the basis for significant changes in our current integration of the handicapped programs.

DEPARTMENT OF EDUCATION

A-105

Lansing, Michigan 48902

STATE BOARD OF EDUCATION
MARILYN JEAN KELLY
President
DR. GORTON RIETHMILLER
Vice President
EDMUND F. VANDETTE
Secretary
ANNETTA MILLER
Treasurer
BARBARA A. DUMOUCHELLE
DR. PAUL B. HENRY
BARBARA J. ROBERTS
NORMAN OTTO STOCKMEYER, SR.
GOV. WILLIAM G. MILLIKEN
Ex-Officio

JOHN W. PORTER
Superintendent of
Public Instruction

December 15, 1976

Dr. Nancy A. Carlson
Institute for Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, MI 48823

Dear Dr. Carlson:

The Special Education Service Area staff of the Michigan Department of Education wishes to express our appreciation for receiving your project proposal entitled "A Human Support System Model For Integrated Handicapped Children And Their Families".

Not only is this training essential as we continue in the implementation of our Michigan Mandatory Special Education Law, but is is also of equal importance in accord with some of the major provisions in the new Education for All Handicapped Children Act, P.L. 94-142.

Although this agency's personnel preparation training grant (Title VI-Part D) to the U.S. Office of Education for FY 1978 addresses this state's teacher training needs, there currently exists an extreme deficit in this area. To meet the provisions of the existing state and federal legislation, this agency recognizes the need for conducting research and personnel training. We feel that your project proposal very adequately addresses existing needs in the area of teacher training for early childhood education personnel. Further, your project proposal very adequately involves parent training and interagency involvement which is essential to program development for handicapped individuals in the 0-5 range.

The Department of Education, therefore, supports this proposal and encourages its development.

Sincerely,

Theodore R. Beck, Supervisor
Federal Assistance for the
Handicapped Programs
Special Education Services

TRB/amg

MICHIGAN The Great Lake State

INDIANA UNIVERSITY
Institute for Child Study
BY PASS 46
BLOOMINGTON, INDIANA 47401

TEL. NO. 812-337-1732
812—337-1733

October 22, 1976

Dr. Nancy Carlson
Michigan State University
Institute/Family Child Study
Home Management House Unit # 2
East Lansing, MI 48824

Dear Nancy:

I wish to express my pleasure at being in your center last week. I believe your new program to be a very exciting one and should make a major impact on the field as a model of how to proceed.

In this respect, I believe your other efforts at Michigan State to be a unique and important contribution to early childhood education. As you are aware, I recently completed an analyses of preschool education programs across the country. I found that there was a lack of definitive development of preschool models particularly in university centers. In those places where the university did operate a preschool center, the preschool often was used exclusively for the training needs with little thought for providing planned variations of types of preschool centers that exist across the United States where their students might teach in the future.

This is a lot of words to say your three models at Michigan State should offer your students (and faculty) a marvelous opportunity to experience three types of arrangements for young children. In addition, it should allow your faculty to develop strategies for deciding which child and parent profit best from which setting. Further, it should allow you to counsel your students into the most appropriate career choice.

As you can see, I was excited by what I heard and the discussions I had with your staff.

I wish you every success in your work.

Sincerely,

Nick

Nicholas J. Anastasiow
Director

NJA:dlb

NORTH DAKOTA STATE UNIVERSITY
OF AGRICULTURE AND APPLIED SCIENCE
FARGO, NORTH DAKOTA 58102

COLLEGE OF HOME ECONOMICS
CHILD DEVELOPMENT AND FAMILY RELATIONS

April 7, 1975

Dr. Nancy Carlson
Assistant Director
Institute of Family and Child Science
College of Human Ecology
Michigan State University
East Lansing, Michigan

Dear Nancy;

I really enjoyed our visit while I was in East Lansing. I don't think have ever met anyone that shared so many of my ideas regarding teachers and kids. In fact, I wondered later if our sons of about the same age have influenced our thinking.

I'm all set to come to Michigan State in June, pending of course the blessings of the admission committee. I am by nature an impatient person so waiting for admission is difficult for me, especially when so many arrangements must be made in such a short time.

Sincerely,
Harriett

"BUY NORTH DAKOTA PRODUCTS"

DEPARTMENT OF EDUCATION

Lansing, Michigan 48902

A-108

JOHN W. PORTER
Superintendent of
Public Instruction

STATE BOARD OF EDUCATION
MARILYN JEAN KELLY
President
DR. GORTON RIETHMILLER
Vice President
EDMUND F. VANDETTE
Secretary
ANNETTA MILLER
Treasurer
BARBARA A. DUMOUCHELLE
BARBARA J. ROBERTS
NORMAN OTTO STOCKMEYER, SR.
ROGER TILLES
GOV. WILLIAM G. MILLIKEN
Ex-Officio

October 30, 1975

Dr. Nancy Carlson, Acting Director
Institute for Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

Dear Dr. Carlson:

I appreciate the opportunity to have a discussion with you regarding the pre-primary programs operated by Michigan State University. I was rather astonished to learn of the magnitude of your operation and am impressed with the programmatic considerations and planning provided for the enrolled children.

I have reviewed your project, which is to be submitted to BEH, and find it to be conceptually consistent with the ideology of the Department. I have no reservation about endorsing the project as a desirable consideration for BEH in its early childhood education structure.

Sincerely,

Murray O. Batten

Murray O. Batten, Director
Special Education Services

MOB:he

MICHIGAN
THE GREAT LAKES STATE

DEPARTMENT OF EDUCATION

Lansing, Michigan 48902

A-109

JOHN W. PORTER
Superintendent of
Public Instruction

STATE BOARD OF EDUCATION
MARILYN JEAN KELLY
President
DR. GORTON RIETHMILLER
Vice President
EDMUND F. VANDETTE
Secretary
ANNETTA MILLER
Treasurer
BARBARA A. DUMOUCHELLE
DR. PAUL B. HENRY
BARBARA J. ROBERTS
NORMAN OTTO STOCKMEYER, SR.
GOV. WILLIAM G. MILLIKEN
Ex-Officio

December 15, 1976

Dr. Nancy Carlson
Institute of Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, Michigan

Dear Dr. Carlson:

My recent visits to your program, in-depth discussions with staff members, and thoughtful review of your present proposal "A Human Support System Model for Integrating Handicapped Children and Their Families" have added to my knowledge of positive actions being taken in Michigan for the development of alternative program possibilities in early childhood education for children with special needs.

The Michigan Child Find and Parenting Projects stress the need for early identification and intervention and emphasize our responsibility in the development of early childhood programs and the training of appropriate personnel.

As we successfully uncover those children with special needs---needs both severe and mild, the number of programs, the rapidity with which they are instituted by the local and intermediate school districts, and the quality that they maintain will be focal points of concern for public educators.

Interagency cooperation, parenting, placement in the least restrictive environment, and supportive research information on the qualifications and skills required of personnel working with preschool children, all areas reflected in your project, will continue to be looked at in future planning.

The State Department of Education has demonstrated its commitment to young children and families through its employment of a Child Find Coordinator and Parenting Contractor to survey the potential within our state for program and staff development.

In this capacity, I encourage your continued response to state needs through expansion of your Project, documentation of your findings, and coordination of your program with the needs of parents and related child care service agencies.

Sincerely,

Patricia Hauser

Patricia Hauser
Michigan Child Find, Parenting Contract

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

MICHIGAN The Great Lake State

A-110

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

May 10, 1977

Dr. Nancy A. Carlson
Project Director
Institute/Family and Child Study
Michigan State University
East Lansing, Michigan 48824

Dear Nancy:

Thank you for taking so much time out of your day to meet with me on May 4. Please extend my appreciation to Helene Ginsburg Donna Howe and Mary Andrews. I found our discussions to be very useful. Your program strikes me as an excellent example of how handicapped children can be placed in regular preschool settings with a very low level, but very high quality, and staff support. I will be talking with Bill Swan about many of the issues that we discussed. I continue to feel that you have a unique opportunity with the 700 day care locations throughout the county. Please let me know if you see the possibility of working in those centers in the future.

Thanks again. Please call Bill and myself if we can return the hospitality in the future.

Sincerely yours,

Garry

Garry L. McDaniels
Director
Division of Innovation & Development
Bureau of Education for the Handicapped

October 24, 1977

Dr. Nancy Carlson
Michigan State University
Institute/Family Child Study
Home Management House Unit #2
East Lansing, Michigan 48824

Dear Nancy:

On behalf of all of us at TADS, I would like to thank you and your staff for participating in the field test of our new needs assessment procedure. Your cooperation with the task and comments have provided a great deal of information that we can use to refine the process. I believe that we will have, as a result, a needs assessment process that more clearly reflects the needs and concerns of all HCEEP projects.

Thank you also for the warm reception. As you, I am sure, know, it makes all the difference when you're working away from home.

Thank you again. I hope that our busy paths will cross again soon.

Cordially,

Tanya

Tanya S. Kniefel
Associate Director for Evaluation

TSK/sk

3113 Snowglen
Lansing, Michigan 48917
November 17, 1977

Dr. Eileen Earhart, Chairman
Department of Family and Child Sciences
College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

Dear Dr. Earhart:

I am writing to acknowledge the extra effort expended recently by Dr. Nancy Carlson in helping me to apply for funding of my dissertation proposal.

After she learned that I was looking for sources of funding, she sent several notices of RFPs that were potentially useful. She also suggested a number of foundations as possible sources and allowed me to use her materials for further examination.

I chose the Bureau of Education for the Handicapped as the most viable source of funding. The application form for student research grants, which they forwarded, was unbelievably complicated. Had it not been for Dr. Carlson's valuable past experience in handling this type of procedure and her positive encouragement, the task of getting through the entire process may have been next to impossible.

She also very carefully read my proposal, made some pertinent editing comments, and suggested including additional references that might make the Bureau more favorably inclined toward funding such a proposal.

Since she is not a member of my committee, and thereby not necessarily professionally responsible for assisting me, I am truly appreciative of the unselfish and cooperative spirit that motivates her to share her experience and knowledge with others.

Sincerely,

Anne Soderman

TUSCOLA INTERMEDIATE SCHOOL DISTRICT

Route 5
1385 Cleaver Road • Caro, Michigan 48723

BRUCE J. DUNN
SUPERINTENDENT
517-673-2144

ELTON M. MAHAN
DIRECTOR
SPECIAL EDUCATION
517-673-2145

WILLIAM L. PRATT
DIRECTOR
VOCATIONAL/CAREER
EDUCATION
517-673-2144

December 16, 1977

Nancy A. Carlson
Project Director, PATHWAYS
Institute for Family and Child Study
College of Human Ecology
Michigan State University
East Lansing, Michigan 48824

Dear Nancy:

I wish to thank you and your staff (Helene, Annette and Mary) for the very enjoyable and profitable day spent visiting your PATHWAYS project. We, here at Tuscola Intermediate, are gradually setting the stage to begin to both integrate our handicapped preschoolers and provide training to the private nursery school teachers to keep our communication lines open, as I am sure your experiences in implementing a program such as this will be most beneficial to us.

Thanks again.

Sincerely,

Connie

Constance M. Kostrzewa
Preschool Consultant

CMK/md

April 27, 1978

Nancy Carlson
Michigan State University
Institute for Family Child Study
Home Management House #2
East Lansing, MI 48824

Dear Nancy:

I am so pleased that you squeezed a day out of your family and professional life to work with North Carolina educators. Nancy, you were inspirational! You motivated the group to understand the importance of serving young handicapped children.

As the individual panticipants consider the option to serve preschool handicapped children, they will reflect on your presentation; you provided a philosophical base from which they could develop programs in their community. The continuum of services for preschool children in East Lansing is also a service model that is valuable for other agencies to become aware of.

As LEAs plan to serve young children I feel that it is very important that existing programs be tapped and viewed as contributors to service options. Pathways was an ideal program to share. As I spoke with Mable and Sue today, they again expressed their appreciation for your contributions.

I personally was pleased to have the opportunity to spend a day with you. You always have provided me with new ideas and you continue to challenge my thought processes--thanks. I hope that your father has a good week; I know that having his daughter by his side will be very helpful as he goes through these next couple of weeks.

I will be thinking of you.

Sincerely,

Beverley Osteen
TA to States

cc: Dean Lois Lund

/jn

Saint Luke's Episcopal Church

247 West Lovell Street
KALAMAZOO, MICHIGAN 49007

The Rev. Canon James C. Holt, D.D., Rector
The Rev. Stephen M. Winsett, Assistant
The Rev. Samuel W. Morrison, Assistant
George N. Tucker, Organist and Choirmaster

March 26, 1979

To Whom it May Concern,

I am the director of Canterbury Children's Center, a child care program serving the Kalamazoo area that is sponsored by Saint Luke's Episcopal Church. This year we have had the pleasure of integrating a child with special needs into our afternoon program. We have been able to successfully integrate this child with supportive services of the PATHWAYS project. The PATHWAYS project prepared myself and my staff to work with a physically handicapped child, assisted us in preparing other children for a disabled classmate and is providing ongoing communication between our center, the child's family, and special education personnel. The project's consultant, Helene Ginsberg, has been an invaluable resource who has managed to make us feel competent while guiding us through totally new information and experiences.

After this first, and very positive experience working with a handicapped child we look forward to integrating other children with special needs. We have seen that all children can benefit from playing and learning together with children with different developmental needs. However, we feel that the kind of support services provided through the PATHWAYS project has been critical to the success of this effort and to our increasing awareness of the special education services available for preschool children in Kalamazoo County.

I do hope you will consider continuing the service provided by the PATHWAYS project.

Sincerely Yours,

Sally L. Householder

Sally L. Householder

A-116

Community Coordinated Child Care

4-C's

March 29, 1979

Helene Ginsberg
Croyden Avenue School
4606 Croyden Avenue
Kalamazoo, MI 49007

Dear Helene:

As President of the Kalamazoo County 4-C Association, I am writing for two reasons.

First, I highly endorse the concept of Pathways. The idea of integrating young handicapped children into local child care programs is a good one and of great benefit to the Kalamazoo community. As a child care provider, I recognize this need. More importantly is the need for the support services you provide for Center Staff, programs and parents in dealing with this "new" situation. This follow-up is invaluable to us.

Secondly, I want to acknowledge the fine work you have done this year for the Kalamazoo Child Care Community. I sincerely hope that your efforts with the Pathways project can continue as a viable service to children.

Thanks for your efforts,
Yours for Children

Chris

Chris Limbocker
President
Kalamazoo 4-C Association

CL/cah

260

2210 Wilbur St.
Kalamazoo, Michigan 49007

KVISD

April 4, 1979

Ms. Helene Ginsberg
Regional Outreach
Croyden Avenue School

Dear Ms. Ginsberg:

Your coordination of the integration of preprimary handicapped children into early childhood programs within our community has been supported by those of us in the field of special education as well as the child care providers in the nurseries and day care centers.

The activities that you have performed in assessment and planning in staff training and consultation, and in coordination of programs and agencies have provided the link between preprimary special education programs and other programs that is so necessary in order for handicapped children to participate in programs within our community. The benefits that can be obtained from a service of this type are many.

It is my sincere hope that your project will be able to continue to serve the children and families within our community.

Sincerely,

Annlee Decent,
Asst. Superintendent for Special Education

AD/sg

A-118

OFFICE for YOUNG CHILDREN

April 17, 1979

Ms. Sally Atkins Burnett
Pathways Project
Institute for Family & Child Study
Michigan State University
East Lansing, MI 48824

Dear Sally:

On behalf of the Planning Committee for the Family Day Care Conference, "Working Together for Children," we would like to thank you for your workshop presentation at the Conference.

Conference evaluations indicate that providers enjoyed the workshops as well as gaining useful information.

Family Day Care Providers provide most of the care for children who are cared for out of their homes. We are pleased and grateful that you were willing to give of your time and your expertise to share with providers as they carry out the important role of caring for children.

Thank you again.

Sincerely,

Margaret Crawley

Margaret Crawley

Laura Humphreys

Laura Humphreys, Co-Chairpersons
Family Day Care Conference
Planning Committee

MC:LH/g

262

Ingham County Health Department

402 W Greenlawn · Lansing, Michigan 48910 · Ph. 371-5360

Kalamazoo Valley Intermediate School District
1819 East Milham Road, Kalamazoo, Michigan 49002 (616) 381-4620

June 14, 1979

Ms. Nancy Carlson
Michigan State University
Institute for Family and Children Study
Home Management House #2
East Lansing, Michigan 48824

Dear Nancy,

Thank you for selecting our P.E.T. team with whom to share Helene Ginsberg this past academic year. We have all learned vast amounts from her and grown intensely fond of her, and she has benefited similarly. (At least that's her story!)

Helene's intelligence, tact, personal warmth and determination for professional excellence are attributes responsible for the outstanding success of the PATHWAYS Project's Outreach year in Kalamazoo.

We are proud to have been a small part of this triumph.

Sincerely,

Charley

Charles R. Burkett
Supervisor
Preprimary Evaluation and
Training Project

CB:jo

cc: Annlee Decent
Helene Ginsberg

tion Division

June 18, 1979

Dr. Nancy Carlson and Staff
Project PATHWAYS
Michigan State University
Institute for Family
and Child Study
Home Management House
Unit No. 2
East Lansing, MI 48824

Greetings:

Thank you for sending me a copy of your progress report. It is a masterful report and certainly reflects the care, attention and time you gave to it.

I am personally somewhat saddened by the end of this year. I have enjoyed working with all of you and shall miss the warmth, camaraderie and honesty that abounds in PATHWAYS.

I wish for all of you continued success in your respective areas, and hope to cross paths with you often as we work with and learn from young children and their families.

Most Cordially,

Tanya

Tanya M. Suarez
Associate Director for Evaluation

TS/slp

MICHIGAN STATE UNIVERSITY

COLLEGE OF EDUCATION
DEPARTMENT OF ADMINISTRATION AND HIGHER EDUCATION
ERICKSON HALL

EAST LANSING • MICHIGAN • 48824

August 23, 1979

Ms. Mary R. Wandschneider
Home Management House #2
Campus

Dear Mary:

Many thanks for sending along a copy of the HANDBOOK that has been developed out of the PATHWAYS program. I'm really impressed with the amount of clear thinking and energy that has gone into the development of the HANDBOOK and am sure that it will be extremely usable by the various clientele that your program is concerned with. The organization of the HANDBOOK seems to promote nice and easy access to the information and should serve as a good model for others who are involved in preparing handbooks of this sort.

I've enjoyed the association I have had with the PATHWAYS project and wish you and the other people on the staff the best of luck in the furture.

Sincerely,

S. Joseph Levine
Associate Professor

cc: Dr. Nancy Carlson

March 2, 1976

Dear Nancy,

I hope this finds its way to your desk as I really don't know your address. It is a belated note of appreciation for the time we spent discussing my program plans. You really set me thinking and I'm convinced that I'll be able to come up with something suitable & challenging for next year. I'll be meeting with Frank Bruno again next month.

It is really nice to know people like you who really care about the individual needs of students. It's neat for me to think back to that Interpersonal Relations group where I first met you. That made a strong + positive impression on me at that time and I feel I've grown a lot since then.

I told Jill Mannis that you sent your regards + she said the same. She was pleased to hear of you.

Well, I'll keep in touch with you next year + I hope to be able to work something out in your department.

Have a pleasant term & especially a great Spring Vacation!

Thanks for caring

Marcia

A-122

Summer 1974

A-123

Judson DayCare Center
4409 Grand Prairie Rd.
Kalamazoo, Mi. 49007

Dear Helene,

This letter comes in support of the Pathways Project that the Kalamazoo area has had the priveledge of partaking in this academic school year.

As a child care provider, I recognize the importance the preschool years play in fostering the healthy attitudes and values that a person carries with them into adult life. The Pathways Project has served to utilize this knowledge in giving preschool children and special needs preschoolers the mutual experience of living and working together. Through their experiences I have seen that you have perhaps changed a bit of our society's future attitude. You have aided in creating adults that will no longer be afraid of people that are "different". You have also aided in giving the special needs child an easier means of living a "normal life".

The benefits that can be obtained from a program such as this are countless. We have seen the results daily and I can not emphasize enough how I've realized the importance of beginning this in the preschool years.

You have been a joy to work with. The support given in your daily visits, shared books and materials and periodic workshops was a definite factor in the projects success at our school. We appreciate the close relationship you seemed to develop with each child and staff member here.

We all hope you may continue in your work with this worthwhile project.

Sincerely,

Angela Wachowski

Angela Wachowski

A-124

EDWARD W. SPARROW HOSPITAL
ASSOCIATION

1215 EAST MICHIGAN AVENUE · P. O. BOX 30480 · LANSING, MICHIGAN 48909 · TELEPHONE 517 487-6111

October 29, 1979

Nancy A. Carlson, Project Director
Pathways Project
Institute for Family and Child Study
Michigan State University
East Lansing, Michigan

Dear Nancy;

I want to take this opportunity to express in writing my appreciation for the contributions that Pathways has made to the development of handicapped children in this community.

As you know, we have had many occasions to call on you for assistance in formulating effective plans for referral and treatment of young children with developmental delays. We have particularly appreciated your staff's ability to be creative and flexible in developing plans for involving these children and their families in pre-school settings. The project staff's knowledge of resources for young children and their willingness to reach out to parents and children who might otherwise be reluctant to enter the pre-school environment has been extremely helpful.

Thank you for the work you have already done. I wish you and your staff continued success.

Sincerely,

Sister Mary Christine Cremin, ACSW

Sister Mary Christine Cremin, ACSW
Social Worker
Developmental Assessment Clinic

Voluntary – Not for Profit

EQUAL OPPORTUNITY EMPLOYER

A-125

(oi)ers' support

COOPERATIVE EXTENSION SERVICE
MICHIGAN STATE UNIVERSITY · EAST LANSING · MICHIGAN 48824
AND U.S. DEPARTMENT OF AGRICULTURE COOPERATING

Family Living Education
103 Human Ecology

June 30, 1976

Nancy Carlson
Home Management House # 2
Campus

Dear Nancy:

Thank you so much for your part in College Week. It takes many people to make this event a success, and we much appreciate the time, effort and interest you put forth.

Sincerely,

Doris Wetters
Doris Wetters
Program Director
Family Living Education

Wilma Miller
Wilma Miller
Program Coordinator
Family Living Education

mw

Nancy - It's great to have people like you around who are so willing to work on College Week. The women loved the class a very good speaker. Hope to see you again - Wilma

Northeast Michigan

Community Service Agency Inc.

Phones:
(517) 356-3474
800-322-3025

HEADSTART DIVISION

275 Bagley St.
P.O. Box 297
Alpena, Mich. 49707

May 13, 1976

Dear Nancy,

Again, I would like to thank-you for your many services to our Head Start Program! We have learned alot from you and I appreciate your willingness to help.

Best of everything to you.

Yours truly,

Becky Sobel

Becky Sobel

MICHIGAN STATE UNIVERSITY

DEPARTMENT OF AUDIOLOGY AND SPEECH SCIENCES EAST LANSING • MICHIGAN • 48824

April 23, 1976

Nancy Carlson, Ph.D.
Assistant Director
Institute Family Child Study
Home Management House #2
Campus

Dear Nancy,

We want to express our gratitude for your recent lecture to our audiology faculty and students. It was a pleasure to hear such an informative and motivating presentation. The feedback we received from our students has been most positive.

If we can ever be of any service to you or your organization, please let us know. Once again, thank you for your time and effort.

Sincerely,

Steven C. White, Ph.D.
Assistant Professor

Linda L. Smith, Ph.D.
Assistant Professor

LLS/lls